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Responding to the Opportunities: A Grounded Theory of Clinical Nurse Leadership Learning

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Abstract

Background: Currently there is limited information available on how to support leadership learning in the clinical setting. Many of the cultural issues associated with organisational systems failure are believed to be associated with a lack of clinical leadership development and this is a current problem for health services. There is emerging evidence that most of this learning occurs within practice. However, how this social process exactly takes places within the nursing profession is not entirely clear. Maximising opportunities in practice to learn to lead successfully are dependent on making the processes of leadership learning visible.

Aim: To identify and describe leadership learning in practice and the processes influencing such learning, in a group of Clinical Nurse Leaders (CNL) from a variety of clinical backgrounds.

Methods: A constructivist grounded theory approach has been used in this study. Semi-structured interviews with CNLs enabled the collection of in-depth data of leadership learning in practice. Through an analytic process of coding, constant comparison, memo writing and conceptualisation, a theory of *responding to the opportunities* has been generated. This substantive grounded theory has been developed from co-constructed meanings and understandings of participants' experiences.

Findings: This research has revealed the ways in which learning from practice is important to clinical nursing leadership development, and has determined how and why this is the case. Learning occurs by engaging with different experiences as they arise. These experiences are called opportunities and they present themselves in the work milieu and have been identified as: *recognising the impact of significant others, optimising staff relationships* and *integrating formal information*. These opportunities can be responded to in three different ways. These responses can differ for the individual CNL with each opportunity presented. How CNLs respond depends on the enablers and disablers. These are identified as: *having credibility in the speciality, perceptions of autonomy, bringing in the persona* and *living values and beliefs*. From this study there are three responses identified: *knowing it already, blending in* and *activating*. The critical method of learning is activating, as it leads to *transforming conscious behaviours* that is a four stage process: reflecting,

discovering, deciding and choosing (RDDC). Reflecting leads to the discovery of behaviours, followed by deciding whether or not to work on those behaviours. A choice is made to use newly learned or altered behaviours and a change occurs, the core of leadership development. This change entails a redirection of the way CNLs engaged with their world. Progressing through the process CNLs move from one level of self-awareness to an increased level of self-awareness.

Conclusion: From this study it has become apparent that learning to lead occurs in practice by responding to learning opportunities. This learning involves a complex social process influenced by variables such as enablers and disablers. The findings and generated theory add to the body of knowledge of clinical leadership learning. Efforts to support CNLs in their learning journey need to be aimed at increasing self-awareness through involving them in the *transforming conscious behaviours* process.

Keywords: Leadership; learning; opportunities and constructivist grounded theory

Statement of Original Authorship

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other institution and affirms that to the best of my knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of this thesis.

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The research associated with this thesis abides by the international and Australian codes on human and animal experimentation, the guidelines by the Australian Government's Office of the Gene Technology Regulator and the rulings of the Safety, Ethics and Institutional Biosafety Committees of the University.

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This work is dedicated to two special people in my life. Firstly, to my wife Bronwyn who has been a continuous source of support and guidance. I treasure her unfailing beliefs in me. During my journey she has always been open to listening to me and helping in formulating and articulating my thoughts. Driving to work, we often were engaged in great conversations concerning this research project. Secondly, I would like to dedicate this thesis to my father who recently and suddenly passed away. He has instilled in me the drive to go on and stay positive even when circumstances are challenging. He also had a love for education. I remember the early mornings spent together in an attempt to master the German grammar prepositions: aus, bei, mit, nach seit, von and zu.

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Undertaking this research and PhD journey has been an act of faith in myself. I came to this understanding as I am aware of the support of so many other people. This started from when I was a school boy and the headmaster Meester van Doorn of the primary school I attended said “stuur hem maar naar het Fontanus”. This meant he had faith in my capabilities as the Fontanus College was a secondary school on a high level.

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Prologue

'Undertaking a doctoral study is complex and frightening and has implications for social and family networks. At the same time as being challenging, it is worth taking the journey and it can even be enjoyable. No matter what happens, it is important to remember that you are on a long, life-changing journey – but you are never alone' (Haigh, Hardy & Duncan, 2011 p. 47).

I have been asking myself what is the reason for undertaking this doctoral study. I suppose for me it all relates to that outstanding experience I had and which we as health care professionals may encounter in our professional lives. For me, this experience occurred when I first came to Australia. At that time the regulations in Australia and New South Wales (NSW) stipulated that a registered nurse from The Netherlands and many other countries were required to complete an overseas trained nurses program with the NSW College of Nursing to become eligible for registration. This program consisted of theoretical and practical components, which entailed a clinical placement of 6 weeks in a tertiary hospital. My clinical placement took place on a medical ward in a Sydney hospital, which provided a wide range of care services. The staff on the ward were very accommodating in helping me to succeed in my learning journey. But it was a 'charge nurse' who has left a great lifetime impression on me. Like the vast majority of nurses on that ward she was trained and educated overseas, which made me feel connected. She was a softly spoken and mannered lady.

It seemed that Jane, as I call her, led this ward without any difficulty. I observed her when she quietly directed all staff during the day. She stayed calm and made prompt decisions in situations where patients deteriorated. She spoke empathically with patients and family members in relation to their health care concerns. During the handover process she explained patients' condition, goals, care and treatment in such a way that every staff member felt completely informed. What was most remarkable was that she did not refer once to her notes. In fact, she did not use handover notes at all. At the end of my clinical placement Jane thanked me for the assistance I had provided and she said "you realise Pieter nursing is the greatest profession on earth and you are part of it now". At that time I did not wonder about how she was able to

motivate people and to lead the clinical area in such a remarkable way. But now many years later, after being a front line clinician, a nurse educator and senior consultant (professional development), the question has come to the fore. What I want to know is "How do nurses learn to lead"?

Chapter 1: Introduction to the study

It is as impossible in a book to teach a person in charge of the sick how to manage, as it is to teach her how to nurse.

Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (1860)

Introduction

Florence Nightingale (1860) was one of the first recognised nursing leaders and was an influential and positive role model in nursing (Stanley & Sherratt, 2010 p. 115). Nightingale's leadership ideas included the importance of the nursing role in coordinating care and the need for educated nurses to have an explicit role in the provision of healthcare. Because of this, Nightingale's views of nursing leadership permeated nursing education and leadership for many years (Murphy, 2005). Nightingale also recognised the limitations of formal education, stressing the need for understanding context in determining what is required to be done, in addition to how and when it needs to occur (Cathcart, Greenspan & Quin, 2010).

Nursing leadership development is essential in achieving leadership effectiveness and better organisational performance (Block & Manning, 2007); better patient outcomes (Boyle, 2004; Davidson, Elliot & Daly, 2006; Paterson, Henderson & Trivella, 2010; Thoms & Duffield, 2012), increased self-awareness, effective communication including patient-centred communication and interdisciplinary collaboration (Dierckx de Casterle, Willemse, Verschueren & Milisen, 2008), job satisfaction and workforce retention (Jeon, 2011; Sanford, 2011) and improved work environments (Hutchinson & Jackson, 2013). Within this broad context the concept of nursing leadership has been put forward as the solution for addressing issues within practice environments (Francis, 2013; Jackson & Watson, 2009). However, nursing leadership in practice is complex both in terms of how it is learnt and displayed. Therefore, this complexity needs to be understood by those both inside and outside the profession (Jasper, 2011 p. 420). The increased importance given to nurse leadership learning over the past ten years (Davidson et al., 2006, Casey, McNamara, Fealy, & Geraghty, 2011; Martin,

McCormack, Fitzsimons & Spirig, 2012) has led to a plethora of leadership courses for front-line managers. Yet, none of these courses can show conclusive evidence of effectiveness. It is therefore evident that the complexity of leadership learning is still not completely understood.

Background: learning in nursing

Nursing is a practice based discipline and 'revolves around tenets of caring within an overarching altruistic framework' (Jackson, Clements, Averill & Zimbro, 2009 p.150). Conventional wisdom within the nursing profession is that most learning for health care professionals occurs through practice. The essential aspects of the nursing role are learned within a healthcare work environment. Early in the development of the nursing profession Nightingale started the pathway for formulating education and learning. Benner's (1982, 1983, 1984) extensive research created a better understanding of how nursing knowledge is ingrained in practice and highlighted the essential role of experiential learning in professional development (Benner, 1984; Benner, Sutphen, Leonard & Day 2010; Benner, Tanner & Chesla, 2009). Benner's (1984) concept describes five levels of skills acquisition and development: novice, advanced beginner, competent, proficient, and expert. Benner (1984) developed this framework on the proposition that nurses develop skills and understanding of patient care along their clinical journey through a sound educational foundation, and more importantly, multiple experiences derived from day-to-day learning. In addition to developing nursing expertise, many prominent scholars outside the field of nursing (Adair, 2005; Kempster, 2006, 2009a, b; McCall, Lombardo & Morrison, 1988; McCall, 2004, 2010) have discovered that leadership development is indeed predominantly a process of learning from experience over time.

The ideas of Benner's (1982, 1983, 1984); Benner and Tanner (1987) and scholars like Dossey, Selander, Beck and Attewell (2005) and Selander and Crane (2012) have contributed to an understanding that nursing leadership may develop in day-to-day interactions and is a progression of stages through which individuals achieve effective leadership behaviours along the way (Selander & Crane, 2012). Therefore, a reasonable argument would be that leadership learning requires, in addition to more traditional education methods, practice in the clinical setting and exposure to experiences emerging from this practice, as every work situation could be a potential

opportunity for learning. Learning events occur during interpersonal engagement in daily work activities (Nilsson & Furaker, 2012; Williamson, 2005). Hence, these factors may well be key learning strategies in nursing leadership development and learning (Haag-Heitman, 2008).

Little is known about leadership learning processes in practice and few studies have been conducted in this area. A large number of nursing studies that investigate leadership have not included the learning process and practice environment, and concentrate instead on nurses holding senior organisational positions (Stanley & Sherratt, 2010). Recent work by Nilsson and Furaker (2012) has begun to explore the field of learning leadership in practice. Their research showed that nurses learn from work based experiences such as leading reorganisation, developmental work and conflicts. These experiences led to personal development, relating to learning inter-personal leadership qualities and leadership strategies. However, the processes involved in this learning mechanism are not described.

Shifts in current thinking, such as the move away from seeing formal education as the predominant way to learn leadership is encouraging. The starting point of leadership development entails social learning, as nurses within their work milieu explore ways of solving issues they encounter while they practice nursing (Copland, 2003; Sharlow, Langenhoff, Bhatti, Spiers, & Cummings, 2009). Therefore, a plausible argument would be that leadership learning is likely situated within the work environment and effective learning would entail social learning processes that have an impact on reflection and action in a specific context.

Although current thinking regarding leadership development is evolving, leadership development initiatives in day-to-day practice are still lacking an evidence-based understanding (Day, 2000). Reasons for this may be captured in the notion of learning from practice often occurring unconsciously and the knowledge that it generates is not verbalised. That is to say, nurses who develop skills in leadership find it difficult to articulate the ways in which they have learned. However, this does not take away that an effective use of practice needs to be made in developing nursing leaders. Therefore, an understanding is required of the learning processes involved by using a suitable research approach (Murphy & Riggio, 2008).

Rationale for the study

Leadership development initiatives may only be partially successful in achieving the set learning outcomes (Edmonstone, 2011, 2013). It is interesting to note that more than four decades ago, Fielder (1972) questioned why most studies are unable to demonstrate the outcomes of leadership development programs. Fiedler (1972) questioned the value of the training provided as well as the suitability of leadership theories on which these leadership development programs were based. It appears that to date, this question remains largely unanswered and is further confounded when the practice environment and social learning processes in leadership development initiatives are largely disregarded.

Importantly, leadership learning among nurses is vital as there is a real need for nursing leadership. This need is well defined as rapid change and reform in health care continues to occur, contributing to increasing concerns from nurses, patients and administrators regarding the quality and safety of the care provided. In Australia, nursing leadership has been recognised as a priority concern (Health Workforce Australia, 2011). However, this priority has not led to a strategic approach in developing leadership capability in the nursing profession (Hurley & Hutchinson, 2013). Recently, the literature has highlighted a crisis in ward-level nurse leadership and pleas for making leadership a focal point (Balogh-Robinson, 2012; Machell, Gough & Steward, 2009). The crisis has become obvious in recent healthcare reviews, such as the Francis Report (2013).

In terms of enhancing patient outcomes, it is important to note that nursing is a person-centred profession where humanism is a core component, influencing acts of leadership (Sellgren, Ekvall & Tomson, 2006). Therefore, nursing leadership differs to other leadership as it is motivated by its vision that has the patient as the focus in the healthcare team. The collaborative partnerships formed with other health care teams enable nurses to realise this vision (Gardner, Carryer, Gardner & Dunn, 2006; Kosinka & Niebroj, 2003; McSherry, 2004). It is within these partnerships that nurses have adopted the role of interpreter for their patients' needs (Antrobus & Kitson, 1999; Cook, 2001). Through this interpretation nurses use their sphere of influence by exerting their nursing knowledge, values and beliefs, and that is how leadership becomes visible.

Recently in the United Kingdom, the second part of the Francis Report (2013) a public inquiry into the functioning of the Mid Staffordshire National Health Services Foundation Trust, was released. This report has had a deep impact on many levels of health administration and has served as a trigger for action in putting the patient back into the centre of care. The report describes the poor standard of care provided to many patients across a number of wards and departments. A contributing factor identified by Francis (2010, 2013) and his team was a lack of leadership, contributing to unacceptable levels of care and unnecessary suffering to patients and their families. Recommendations of the report included establishing accredited training arrangements and investments in leadership. The report recommends education and training in management and leadership to upcoming leaders and to promote and research best leadership practice in healthcare.

This interest in nursing leadership development initiatives also occurred in Australia, as a result of a number of crucial inquiries into adverse events for patients throughout the country. The most publically discussed inquiries were those conducted at the Obstetric and Gynaecological services at the King Edward Memorial Hospital in Western Australia and the activities of surgeon Jayant Patel at the Bundaberg Hospital in Queensland. The Bundaberg case led to the Morris Inquiry that investigated claims regarding patient safety concerns as a result of Patel's practice. The person who brought the unsafe practices to light was a senior nurse advocating for her patients. Her actions can be regarded as an act of leadership adhering to Nightingale's important advocacy notion: 'The very first requirement in a hospital is that it should do the sick no harm' (Nightingale, 1860). Hence, nursing leadership and in particular clinical leadership is considered to be vital in regard to patient safety outcomes, where many nurses act as advocates for their patients (Hanks, 2010; Mahlin, 2010).

The concerns in Western Australia led to a ministerial inquiry, which was commenced following a review that raised issues about patient safety at the King Edward Memorial Hospital. These issues involved substandard practices, large numbers of adverse events taking place after hours and insufficient training and supervision of junior healthcare professionals, and in particular, doctors. The investigation covered the period from 1990 to 2000. Findings highlighted that directors (medical, nursing and midwifery professionals) did not have adequate training and/or experience in management and leadership in order to appropriately manage and lead a clinical area.

This is despite the training and workshops conducted, which included topics such as leadership, team building and interpersonal skills. It may well be the case that these didactic workshops did not lead to a transfer of learning.

Over the previous decade, a significant body of research has been dedicated to the practice of leadership development. Regardless of this focus there is a shortage of nurse managers and nurse leaders who are sufficiently prepared to undertake a leadership role (Duffield et al., 2001; Espinoza, Lopez-Saldana & Stonestreet, 2009; Huston, 2008; Paliadelis, 2005). In addition, within the established literature on leadership learning and development there is a limited exploration of learning processes, particularly occurring over an extended period of time (Kempster, 2006, 2009a; Russon & Reinelt, 2004). Therefore, to date there is no firm evidence to guide the best way forward in order to develop clinical nursing leaders. Taking in consideration the claims made regarding the importance of leadership for enhancing the patient experience and professional development, little attention has been paid to what this means in practice and how it could be enhanced or supported (Madsen, Mullan & Keen-Dyer, 2014).

Identifying, describing, conceptualising and theorising leadership learning in practice and the processes influencing such learning is an important component in effectively developing existing and future nursing leaders. Leadership development has not been emphasised in nursing education (Carlson et al., 2011) and a plausible theory may assist educators in helping to develop nursing leaders. However, Foli, Braswell, Kirkpatrick and Lim's (2014) recent study explored leadership behaviours developed by nursing students in a practical context. It was found that paying attention to a practical context both developed and enhanced leadership behaviours among undergraduate nursing students. Foli et al.'s (2014) study has the potential to focus more attention to learning through experience and facilitate a shift towards succession planning by providing nursing leadership initiatives incorporated in the daily work of nurses, otherwise known as naturalistic learning (Cadmus, 2006; Carriere, Muise & Cummings, 2009; Groves, 2006).

Defining learning and leadership

Learning involves a process of a relatively permanent change in behaviour as a result of experience (Bolhuis, 2012). Kolb (1984) defined learning as a human adaptation

process. ‘It is a process whereby knowledge is created through the transformation of experience’ (p. 38). In this study, learning is viewed as a process of transformation through social exchange resulting in a change of behaviour. In addition, learning is seen to take place in context and this concept is described in the literature as naturalistic learning. This type of learning is a concept which recognises that learning occurs from experience in a specific context. Naturalistic learning through experience is the engagement in sequence of routines and other events (Burgoyne & Hodgson, 1983).

A common definition for leadership is a complex social process of influence in which a person inspires others to accomplish set goals (Yukl, 1998). Kempster (2009a) added to this definition the word *relational*, and therefore leadership can be defined as a social and relational process of influence. Influence is a vital component of leadership, suggesting that leaders have an effect on other people, by inspiring and through motivating others to participate (Kelly, 2012). In relationship to leadership learning, a focus on contextual variety and situated practice provides a suite of opportunities for experiential leadership events and contextual experiences in which learners can engage (Kempster & Cope, 2010). It has been argued by Kempster and Cope (2010) that the complex process of ‘becoming’ a leader takes place through naturalistic learning.

A recent argument regarding the implications of defining leadership brought to the fore the notion of how leadership is taught. Hurley and Hutchinson (2013) argue that a diverse understanding of what leadership entails will influence the way leadership is taught and how leadership is put into practice. The complexities involving leadership learning are often overlooked including factors like values and beliefs (Clark, 2008) and context (Edmonstone, 2013, Kempster, 2009a) which play an important role in leadership development.

Research aim

The aim of the research was to increase understanding of the nature of leadership learning in nursing practice. It further aimed to discover the ways in which naturalistic learning is important to leadership development, and to determine how and why this is the case.

Research objectives

The objectives of the research were to:

- provide an understanding of how human behaviour, interactions and social processes of naturalistic learning influence Clinical Nurse Leaders' (CNLs) leadership learning and development;
- generate a substantive grounded theory of leadership learning in nursing practice; and
- produce recommendations to enhance nursing leadership development.

Theoretical framework and research question

A qualitative research approach and, in particular, a grounded theory approach has been argued by researchers (Bryman, 1996; Conger, 1998; Parry, 1998; Day, 2000; Lowe & Gardner, 2000) to be the preferred method of choice for contextual leadership studies. Two guiding assumptions that shaped the arguments for this research study are:

- An acceptance that leadership learning is a complex social process that is idiosyncratically experienced, and that a qualitative understanding of human behaviour, interactions and social process is necessary, if a more in depth understanding of learning to lead in practice is to be obtained (Kempster, 2009b); and
- The importance of leadership learning is associated with the notion of a nurse's expression and understanding of leadership, evolving in engagement in practice with people of significance within a health care context (Kempster, 2009b, p. 441).

The work of Bandura (1977, 1986 and 1997) was used as a lens, through which learning to lead through relationships and observation were viewed. The study specifically investigated the social processes through which CNLs learn leadership by addressing the following research question: ***How do CNLs learn to lead in practice?*** This question is broad and hence this focus was in line with an inductive investigation allowing the investigator to reveal matters embedded in the data. This enabled the

researcher to draw from the data and develop theories. Furthermore, a broad research question diminished the risk of restricting the study and limiting the research to a narrow focus, leading to a possible limited understanding of the phenomena under investigation (Strauss & Corbin, 1990, 1998).

Philosophical research position

A solid research design is dependent on researchers positioning themselves and choosing a research paradigm in line with their beliefs or worldview (Mills, Bonner & Francis, 2006 p. 26) corresponding with the world in which they live. Each researcher works from a particular way of viewing the world (Guba & Lincoln, 1989 p. 160). These philosophical viewpoints are classified as paradigms. Denzin and Lincoln (2000) define a paradigm as a set of beliefs that we use as a guide to interact within our world. I have a preference for a paradigm which takes into account the complexity of human agency. Human agency is defined by Bandura (2006) as the capacity for people to make choices and to introduce those choices to the world.

In Bandura's (2006) view on human agency, human beings are pro-active, self-regulating, self-organising, and self-reflecting and are not merely bystanders of their behaviour. Human agency incorporates four concepts: intentionality; forethought; self-reactiveness; and self-reflectiveness (Bandura, 1986). These four concepts provide individuals with the cognitive frameworks to make choices about their actions. Human agency is a product of not only intrapersonal determinants but also behavioural influences and environmental factors (Bandura, 1986). Therefore, social systems are created through the actions of humans, and social systems play a significant role in guiding, organising and regulating human affairs (Bandura, 1986 p. 165). This view is similar to the symbolic interactionist theoretical perspective as described by Blumer (1969), where the individual is mainly a human being in the environment, shaping and creating his/her world, as well as being created by it (Gecas, 1989).

Blumer (1969) argues that human agency must be considered when understanding social process. This is consistent with how I have previously fulfilled the professional roles I have held. As a nurse educator I held the belief that my role was to facilitate (student) nurses in the achievement of the goals they had set, to reach the level of a competent, caring and knowledgeable nurse. To help these students and nurses to reach their goals I provided the educational opportunities and support in the clinical

setting. I also took into consideration that most students and nurses have varied backgrounds, knowledge and experiences. Many students bring their own valuable experiences to enrich their professional competencies and practice and consequently give meaning to their learning.

To investigate a phenomenon that involves people's experience such as leadership, it is my view that a research approach is required in which people are regarded as self-determining and self-regulating, as play writers of the actions they undertake. Such an approach needs to consider theoretical developments, which in turn contribute to understanding concepts of self-regulation, interactive adaptation and autonomy. The core principal of constructivism is that people are self-regulating organisms (Stewart, 1994). My philosophical research position has further been influenced by the work of Mead (1934), Blumer (1969) and Charmaz (2000, 2003, 2005, 2006, 2014). Through time there is a visible link between the work of these sociologists and psychologists as they have built on each other's work. For example, Charmaz (2006 p. 127) regards interpretive theory as "fully compatible" with Mead's and Blumer's work.

The constructivist paradigm

In recognising that my philosophical stance is congruent with the views of Mead, Blumer and Charmaz, my research position is embedded within the constructivist paradigm. My position is consistent with Schwandt's (1994) stance, who argues that a constructivist paradigm is understood in a flexible way, as it is shaped through the use and users of the terminology. He further argues that there is no consensual view among scholars of the paradigm. However, there is consensus regarding some qualities (Floyd, Zullighoven, Budde & Keil-Slawik, 1992; Guba & Lincoln, 1994; Hirschheim, Klein & Lyytinen, 1995; Schwandt, 1994; Weick, 1995) that relate to the stance that what is taken to be knowledge and truth is derived from perspective (Schwandt, 1994 p. 125). This stance guided my study: the outcomes of the investigation are grounded in the perspectives of participants and my own.

From a philosophical point of view, constructivism proposes that we are proactive co-creators of the reality to which we respond. Fundamental to this point of view is that perception is an active process in which we '…bring forth distinctions…' (Stewart, 1994 p. 2). It is our characteristic distinctions that aid the creation of the framework of the world in which we live (Stewart, 1994). In addition, Lincoln and Guba (1985)

specify that the core aim of research in the constructivist worldview is that as researchers we need to understand that the whole is greater than the sum of the parts, and similarly that the accumulation of the parts does not completely capture the whole. For me it was important that I viewed this phenomenon of leadership learning in practice in a holistic manner, rather than viewing the sum of its parts (Ryan, Coughlan & Cronin, 2007).

Psychologists Mead (1934) and Blumer (1969) highlighted in their work of the social process that human beings construct the social life worlds in which they live out their lives. Taking into consideration the human mind in such construction, there are any number of ways to create social realities. Ontological elements of realities or in other words social constructions are considered not to be definitely true or correct (Schwandt, 1994 p.129) and reality is actively constructed. The objective, value-free researcher and participant simply does not exist.

Operational definitions

Clinical Nurse Leader: is a registered nurse who has been appointed to a Nurse Unit Manager position and has more than 5 years of post-registration experience. A Clinical Nurse Leader has experience in a speciality practice and utilises interpersonal skills to ensure nurses are providing quality care (Cook, 2001; Harper, 1995).

Observational Learning: the process of acquiring information by observing others; is a form of learning that takes place as a function of observing, retaining and replicating new behaviour displayed by other human beings.

Significant other: An individual acting as a model in a specific behavioural or social role for another individual to emulate.

The structure of the thesis

This thesis is presented over 10 chapters and a prologue. The prologue describes the personal background and motives for undertaking this doctoral study.

Chapter 1 is an introduction to the study and describes the research context, problem, and significance of this research. It also outlines the research aim and objectives. The investigator's philosophical research position is discussed, providing insight into the lens through which this research is viewed and conducted. Leadership and learning as

concepts are defined in relation to this research. The final parts of the chapter describe the operational definitions and it finishes with an outline of the structure of the thesis.

Chapter 2 provides an overview of the current understanding of (nursing) leadership and learning. The chapter starts with explaining the purpose of the literature review in a grounded theory study. It discusses nursing leadership and its importance, and in particular within clinical nurse leadership. Role modelling and its relationship to leadership learning are presented. The final part of this chapter discusses what is currently known about effective leader and leadership development.

Chapter 3 describes the research design and the use of constructivist grounded theory. Bandura's (1977, 1986) work will be explored and sensitising concepts, ontology and epistemology will be discussed. A brief overview is provided on the history of grounded theory, its development and critique. The different streams situated within this methodology are discussed with an emphasis on Charmaz's (2000, 2003, 2005, 2006, 2008, 2014) work. It further addresses the issues of justifying the use of a grounded theory approach in exploring leadership learning, including its limitations.

Chapter 4 presents the process of data collection and analysis using a constructivist grounded theory approach. It starts with describing the recruitment and selection of participants and ethical concerns. The interview process from the preparation stage to the interview stage is described. The topics of data analysis, theoretical sampling, reaching data sufficiency and the construction of the theory are also included.

Chapter 5 is the first chapter of three findings chapters. It describes the leadership learning opportunities identified in this research and how participants have learned from these opportunities, presenting them under three headings: recognising the impact of significant people, optimising staff relationships and integrating formal information.

Chapter 6 presents the social process of leadership learning in practice, moving from one level of self-awareness to a heightened level of self-awareness. It describes how this occurs through reflection, discovering behaviours, deciding to work on behaviours or not and choosing deliberate behaviours.

Chapter 7 describes the five identified enablers and disablers in learning to lead. It describes how these enablers and disablers either facilitate or hinder the process of learning to lead.

Chapter 8 presents the substantive theory of clinical nurse leadership: responding to the opportunities. The theorised basic social process is also presented.

Chapter 9 provides a discussion related to the findings and the theory, drawing on the relevant literature.

Chapter 10 is the final chapter and presents the conclusions and recommendations. It evaluates the study and discusses the limitations pertaining this study. Recommendations are made and ideas for future research are proposed in this chapter.

Summary

This chapter has presented the research problem, its context and the research aim and research objectives have been introduced. There is a need to undertake this study, as nursing leadership development is a priority concern. Furthermore it is unclear how nursing leaders can be developed in the best possible way. The theoretical framework and philosophical framework outlined constructivism as the research paradigm chosen for this study. This paradigm is in line with my own views of how I see the world and the people in it. Using Mead's (1934) work, Blumer's (1969) Symbolic Interactionism and Bandura's (1986) view on human agency within the chosen paradigm governs what can be understood, and how it can be understood. I have chosen to use the constructivist paradigm for this research because of its capacity to inquire and make meaning of every day practice in which CNLs leaders may learn how to lead.

The constructivist paradigm views learning to lead in practice by CNLs as the understanding that knowledge generated echoes multiple realities which are socially constructed by the people involved. Undertaking research using a constructivist paradigm recognises the existence of multiple realities, which leads to the creation of one representation of how CNLs learn to lead in practice. Through interaction with participants of this study, the representation of reality is co-constructed by the researcher and the participants. It presents aspects of the participants' meanings being socially constructed and increases our understanding of the process of learning to lead in practice.

Chapter 2: Nursing leadership and learning

Introduction

This chapter begins with discussing the purpose of the literature review, particularly how it relates to constructivist grounded theory. It presents and discusses relevant research conducted in the field of leadership and learning and how it relates to undertaking a new study in this field. It has been recognised that developing appropriate leadership development and learning strategies may contribute to successful nursing practices in educational and organisational contexts. Many leadership development initiatives are undertaken each year, but how effective these initiatives are is debatable. Hence, the question of how to specifically prepare clinical leaders for leadership roles needs to gain more attention (Taylor, Taylor & Stoller, 2009). There is a focus on role modelling and leadership, as this notion has been recognised as an important way of learning. Finally, contemporary leadership development initiatives commonly used to develop leaders will be presented, and their effectiveness discussed. These methods include leadership programs, action learning sets, mentoring, challenging job assignments and feedback instruments.

The purpose of the literature review

There are different views as to the place of the literature review in grounded theory studies. Charmaz (2006, 2014) supports the notion of delaying the literature review till after the analysing process, but at the same time she takes a pragmatic view in recognising that a review of the literature at the beginning of the study has its place. However, Charmaz (2006, 2014) advises to let this material lie fallow until the categories and analytic relationships between them have developed. This is in line with the argument presented by Urquhart (2007) that reviewing the literature on the substantive area is an effective means of orientating to the field of study, without necessarily influencing developing categories and theoretical concepts. Urquhart's position is that reviewing the literature prior to analysis is a misconception that surrounds the grounded theory approach (Urquhart, 2007). In this study, I have taken a similar stance around the timing of the literature review. The literature review can be conducted in two phases, before and after the analysing process. Stern (2007) suggests

that undertaking a literature review in a grounded theory study is to show how the study builds on and contributes to existing knowledge within the field. Therefore, a familiarity with the literature before undertaking a grounded theory study is considered to be a sensible practice (Walls, Parahoo & Fleming, 2010). Dunleavey (2001 p. 61) argues that in social sciences research the review of the literature should be framed closely around the research question. The purpose of this initial literature review was therefore to discover what is understood in terms of leadership, leadership development and learning, in order to assist in formulation of the research question.

Engaging with the literature after the theory has been developed, or in other words post-conceptual, is necessary. The subsequent, more in depth literature review, assists in the synthesis of the data, concepts and categories into plausible theoretical constructions (Streubert & Carpenter 1999; Pryor, Walker, O'Connell & Worrall-Carter, 2009). It means that the literature review is re-examined and extended (Urquhart, 2007 p. 351). This component of the literature review is presented in Chapter 9.

This study is located within the discipline of nursing, but 'for grounded theorists, writing a thorough but focussed literature review often means going across fields and disciplines…' (Charmaz, 2006 p. 166). Therefore the business, management and general leadership literature have been reviewed to develop an understanding of what previously has been investigated in relation to leadership learning. However, it is also relevant to know how effective nursing leadership is in achieving better patient and organisational outcomes, as this is an important motivational factor in establishing leadership development initiatives. This initial literature review is focussed around four central themes: leadership research, clinical nurse leadership, role-modelling and leadership development initiatives including work-based activities.

Leadership research

Researchers (Bennis & Nanus, 1985; Kotter, 1988; McCall, 1998; McCall et al., 1988) have explored the extensive patterns of leadership development utilising large samples. More recently, in the last 10 to 15 years this attention has become even more prominent through the work of Avolio & Gardener, (2005); Bennis and Thomas (2002); Day, Zaccaro, and Halpin, (2004) and Parks (2005). The conclusion can be drawn that a plethora of research exploring leadership and leadership development

within the business and health literature exists. It ranges from investigating leadership styles (Sellgren, Ekvall & Tomson 2006; Su, Jenkins, & Liu, 2011; Vesterinen, S., Suhonen, Isola, Paasivaara & Laukkala, 2013); competencies (Battilana, Gimartin, Sengul, Pache, Alexander, 2010; Felstead, 2013); programs (Black & Earnest, 2009; Cleary & Freeman & Sharrock, 2005; Paterson, Henderson & Trivella, 2010) and outcomes (Martin, et al., 2012; Patton et al., 2013).

In Australia, scholars regard the attainment and practice of leadership skills as an essential part of nursing education at all levels (Dignam, et al., 2012). However, in recognising this support scholars such as Schwarzkopf, Sherman and Kiger, (2012) maintain the view that little attention has been paid to the development of front-line leaders, such as charge nurses and nurse managers. Their view is in contrast to the extant literature concerning the development of nurse managers. During the last 15 years literature has emerged investigating the development of nurses as managers (Foster, 2000; Cathart, Greenspan & Quin, 2010), preparing clinical nurse leaders (Williams, Parker, Milson-Hawke, Cairney & Peek, 2009) with support and education for the role of the nurse manager (Paliadelis, 2005; Parry, Calarco, Hensinger, Kearly & Shakarjian, 2012). But most of this research neglects how people construct meaning from leadership acts, roles, contexts and experiences affecting the learning processes (Avolio, Walumbwa & Weber, 2009). Grounded theory aims to reveal social processes such as learning. A recent search in the CINAHL database using the terms Grounded Theory AND Leadership Development revealed only 15 papers. This indicates that there is a clearly identified lack of specific grounded theory research (Day, 2000), concerning leadership learning processes (Bryman, 1996; Kempster, 2009 a, b; Parry, 1998 b)

From the 15 studies found, only a few addressed nursing leadership development. Shapira-Lishchinsky's (2012) grounded theory study explored simulations and the use of values based on ethical experiences in nursing practice in developing authentic leadership. The investigator found that team based simulations could be used as a tool for developing authentic leadership. Through involvement in simulation exercises participants became more self-aware, leading to understanding strengths and weaknesses and gaining more confidence in ethical decision making. Moreover, through simulations participants learned to carefully analyse and explore others'

opinions to ensure optimal care. Finally, it was found that simulations contributed to handling conflicts in a better way by being aware of the value of self and others.

An earlier grounded theory study by Irurita (1992) investigated nursing leadership development in Western Australia. The study involved nurses in executive management positions and concentrated on the circumstances in which they worked. Results from this study indicated that nurse leaders used a core process called optimising. This process was utilised to handle work related issues by reversing negative situations to achieve influence and advancement. This process involved progressive phases identified as surviving, investing, and transforming. The process was influenced by contextual variables and personal attributes.

An interesting finding was that failing to optimise resulted in nurse leaders struggling to provide direction. Importantly, in a later paper, describing the same study Irurita proposed that optimising leadership qualities should not involve only a small number of nurses or some defined organisational positions but '…all available and potential resources…' (Irurita, 1996, p. 129). The study has made a great impact on the field of business studies stimulating qualitative leadership research. Parry (1998a) for example argues that the process of optimising is core to making the most of leadership capabilities. Irurita's study was used by Parry (1998a, 1998b) to start the conversation around using a grounded theory methodology in exploring leadership.

The final study of interest using a grounded theory approach was by Mahmoudirad, Ahmadi, Vanaki and Hajizadeh (2009) who investigated the assertiveness process of Iranian nurse leaders. This study intended to use the findings for improving assertive behaviours in nursing leaders. The generated theory described the assertive behaviours developed by undertaking two sets of tasks namely external tasks and internal tasks. The external tasks related to patient care and institutional obligations, while the internal tasks related to religious beliefs and ethics. The internal tasks influenced the external tasks and forced the participants to carry out the external tasks based on religious and ethical criteria, leading to the development of assertive behaviours. This assertiveness theory was regarded as vital to describing nursing leadership behaviours and could be used in educational programs in Iran for nurse leaders to become more assertive.

Despite these studies, the majority of leadership development research place emphasis on skill-building or short term interventions such as courses. However this research neglects the processes involved in how leadership behaviours changes over a period of time (Komives, Owen, Longerbeam, Mainella & Osteen, 2005 p. 594). Behavioural changes should be the centre of attention, particularly as the impact of changed behaviours can make a positive difference to the organisation (Hayward, 2011 p. 28; Vitello, Weatherford, Semour-Route, Gemme & Glass, 2014). Moreover, the organisation, culture and context influence leadership and leadership development (Avolio, Walumbwa & Weber, 2009). In Malling, Mortensen, Bonderup, Scherpbier and Ringsted's (2009) study evaluating a leadership course and multi-source feedback, it was reported that participants learned from the course but no improvement was found in terms of interpersonal skills. The authors' possible explanation was related to a non-supportive organisational culture. This implies that in providing leadership development education culture and context need to be considered (Lord, Jefferson, Klass, Nowak, & Thomas, 2013). A shared criticism of leadership development programs relates to the unrealistic nature of their initiatives (Westbrook, 2012). Most nursing leadership courses are delivered over two to five days (Krugman & Smith. 2003; Weston et al., 2008). This is a significant issue since changing behaviours is a long term process and therefore short term interventions may not be the appropriate strategy.

A recent study (MacPhee, Skelton-Green, Boutthilette & Suryaprakash, 2012) has explored the outcomes of a year-long front-line nursing leadership development program. This program included a four day workshop, mentoring, project work and virtual networking. The experiential learning approach which was utilised in the Australian, Queensland Health: "The Better Workplaces Leadership Development Program", has been regarded as an effective mode of delivery by Crethar, Philips and Brown (2011). These scholars claimed that the use of reflective practice has led to changed behaviours in the workplace. It is certainly important to acknowledge that these interventions are a step in the right direction. However, it remains unclear which learning processes are involved (Doornbos, 2006; Doornbos, Simons & Denessen, 2008).

In spite of the uncertainties surrounding outcomes, significant amounts of money have been made available for leadership development. In North America in 2006 alone,

approximately 25 billion dollars was spent on leadership development (DeRue & Wellman, 2009). The United Kingdom government spent 300 million pounds between 1999 and 2004 in establishing leadership centres and colleges (Adair, 2011). Most of this expenditure involved formal activities, such as coursework and classroom training programs (Lamoureux & O'Leonard, 2009; O'Leonard, 2013). A plethora of leadership research (Avolio, 2011; Conger 2004; Conger & Benjamin, 1999; Day, 2000; McCall, 2004; McCall et al., 1988) has demonstrated that traditional classroom training does not provide organisational leaders with the transformational skills required. Taking this notion into consideration leadership development initiatives should entail links to the real-world of practice (Leonard & Lang, 2010). This point becomes even more salient as researchers have estimated that only 10 percent of the expenditure allocated to education and training leads to the transfer of knowledge, skills and behaviours (Merriam & Leahy, 2005).

According to Day (2000) many organisations have recognised that formal educational leadership development programs are only partly successful in developing leaders. Transferring learning from traditional classroom development programs into practice can be challenging (Cress, Yamashita, Duarte & Burns, 2010). Participants revert to their previous behaviours, and no sustained change or learning has been established (Day, 2000). For example courses such as the highly regarded British Royal College of Nursing (RCN) leadership course include experiential learning but do not identify the specifics of learning from experiences (Cunningham & Kitson, 2000). This is also the case for the Australian, Queensland Health: 'The Better Workplaces Leadership Development Program' (Crethar, Philips & Brown, 2011).

Scholars are starting to come to terms with the notion that naturalistic experiences gained in the workplace can be very effective in developing leadership skills (Janson, 2008; Lord, Jefferson, Klass, Nowak, & Thomas, 2013; DeRue & Wellman, 2009), as leadership grows by a natural process (Adair, 2005). Leadership development through experience is regarded by McCall, (2004) as the primary source of learning. The understanding of this type of learning is limited, 'but experience is the place to start' (McCall, 2010 p. 3) in helping to develop leaders. In terms of experience McCall (2010) relates this to the notion of letting people 'figure it out for themselves', while at the same time he alludes to the notion that a role model is a crucial component.

However, there is still a need to understand how leadership learning from experience takes place and indeed it may be more complex than first thought.

The United Kingdom's Chartered Management Institute (CMI) published a paper in 2004 into leadership development covering a period from 1996 to 2004. This large study included 500 organisations in West Europe and one of the major findings was that job experience contributes to effective leadership. These findings provide a powerful argument for exploring how leadership is learned from experiences in practice (Inman, 2009; Kempster, 2009a; Kempster & Parry, 2011). It has been argued that incremental experiences are significant in shaping how leaders learn to lead (Inman, 2009). The research on leadership and experience tends to concentrate on the importance of critical incidents, people and professional identity. For example, Parker (2002) argues that critical incidents and people are important contributors in shaping the way leaders lead.

According to McCall (2004 p. 129), efforts to provide appropriate leadership learning interventions in organisations are primarily 'hit and miss'. DeRue and Ashford (2010 p. 24) agree with this notion by arguing that organisations routinely get leadership development wrong because of their desire for short-term results. The view of McCall (2004) highlights the notion that in leadership development experience should take a more important role than programs. Nevertheless, McCall (2010) has expressed the belief that the value of program experiences can be high: 'It depends on how powerful these program experiences are and how they are used' (McCall, 2004 p. 128).

Clinical nurse leadership

The contributions of nurses' work and in particularly in relation to their leadership are becoming more widely recognised (Glaser & Fitzpatrick, 2013) and the debate on the importance of clinical leadership to achieve improvements in many facets of healthcare is growing (Øvretveit, 2005). This debate has recently been further sparked by Mannix, Wilkes and Daly (2013) who argue that effective clinical leadership has consistently been recognised as a vital element of providing quality care and productive work environments. This argument is in line with many other scholars who support that nursing leaders can develop highly efficient teams whose practice is evidence based (Newhouse, 2007) and whose outcomes are patient and staff satisfaction (Alimo-Metcalfe, Alban-Metcalfe, Bradley, Mariathasan, & Samele,

2008). Nursing leaders also contribute to effective patient care (Casey et al., 2011; Patrick & White, 2005), have the ability to act as supporters for improving the provision of healthcare (American Association of Colleges of Nursing, 2007) and reducing health care costs in times of financial constraints (Cook, 2001, 2004; Paterson, Henderson & Trivella, 2010; Sandford, 2011).

In the contemporary literature there is a strong voice supporting the importance of clinical leadership. Recently, nursing leadership focussing on ward level of organisations is becoming more widely discussed and explored (Stanley, et al., 2008; Dierckx de Casterle, Willemse, Verschueren & Milisen, 2008; Hix, McKeon & Walters, 2009). Mannix, Wilkes and Daly (2013) argue that even with the increased emphasis on effective leadership by healthcare organisations, issues of ineffective clinical leadership still have negative impact on patients and health care professionals. Mannix et al. (2013) find it hard to grasp that in a time of evidence-based practice, clinical leadership as a significant issue of importance is being examined mostly on a narrow evidence base.

In contrast to the literature advocating support for clinical nurse leaders, the level of support is often experienced differently within the work environment. Expanding the evidence of clinical leadership learning and support may close the gap between the literature and the practice environment. The notion of support in the work environment surfaced strongly in the study by Kitson et al. (2011). These scholars explored clinical nurse leaders, team members and service managers' experiences of introducing an improvement project and the investigators identified major challenges regarding the leadership role itself. The participants of this study felt ill-prepared for leading an interdisciplinary, cross functional team. Leading these teams contained personal risks for these nurses. More importantly the main personal risk identified related to the organisation not showing consistent support in keeping clinical nurse leaders psychologically safe (Kitson et al., 2011). It is vital for executive management teams to provide work environments which allow nursing leaders to display clinical leadership behaviours (Patrick, Spence Laschinger, Wong & Finegan, 2011).

Most of the literature that reports on clinical nurse leadership originates from North America and Canada (Murphy, Quillian & Carolan, 2009). In this literature emphasis is placed on the move from autocratic leadership, reliant on task-oriented nursing, to patient centred care, found in transformational leadership (Boyle 2004; Davidson et

al., 2006; Houser 2003; Larrabee, et al., 2004; Polack & Koch, 2003; Patrick et al., 2011). Clinical leaders are in the unique situation of being in close proximity to the bedside and are able to enhance group cooperation, motivation and decision making among staff (Harper, 1995; Mannix et al., 2013), that is directly related to patient care (Taylor & Martindale, 2013). These skills are required if the clinical leader is to introduce best practice initiatives for the enhancement of patient care (Lett, 2002; Stanley & Sherratt, 2010). Once again, this demonstrates the importance of clinical leadership.

For health care organisations to invest in clinical leadership and its development it is necessary to demonstrate the positive outcomes, particularly in the current culture of evidence based practice (Davidson et al., 2006). Despite many scholars agreeing on the importance of clinical leadership in enhancing patient and organisational outcomes, this relationship was found to be debatable in Wong and Cummings' (2007) systematic review. In this review of the relationship between nursing leadership and patient outcomes little solid evidence was found to suggest that nursing leadership results in more positive patient outcomes. However, this does not mean that nursing leadership and, in particular, clinical leadership does not affect patient outcomes, rather that the research evidence is not entirely clear. Following on from Wong and Cummings's (2007) work, the following databases were searched: Medline PsychINFO, CHINAHL and Cochrane. The search terms used were "Nursing leadership" and "Research", "Evaluation", "Measures", and "Outcomes".

Four studies between 2007 and 2011 (table 1) have given an indication of the positive relationship between clinical leadership and better patient outcomes (Stanley et al., 2008; Dierckx de Casterle et al., 2008 and Hix, McKeon & Walters, 2009). The findings from these studies indicated that nursing leadership improves patient satisfaction with care and reduces adverse events and complications. However, these studies are by no means conclusive, as they are open to criticism because of their lack of definitional clarity. Taking these studies into consideration, it is still not evident how exactly nursing leadership leads to better patient outcomes. On the other hand some authors have described that nursing leadership and patient outcomes are difficult to measure (Vance & Larson, 2002). This is a problem, but there is a common sense consensus that nursing leadership can contribute to better patient outcomes and should be taken seriously at an organisational level (Spence Laschinger & Leiter, 2006;

Richardson & Storr, 2010) and therefore serious efforts should be employed to develop clinical leaders.

Table 1: Characteristics of included studies

Authors	*Design*	*Setting*	*Staff groups*	*Results*	*Country*
Dierckx de Casterle et al. (2008)	A single instrumental case study	A chronic care rehabilitation unit of a large academic hospital	Seventeen health care professionals: 9 nurses, 3 physiotherapists, 1 psychologist, 1 occupational therapist, 1 ward physician, the head nurse and the nursing manager	No clarity of how leadership affects patient outcomes. Participants expressed the opinion that patients benefited from leadership. It was found hard to describe how leadership impacts on care giving processes/ patient outcomes	Belgium
Hix, McKeon and Walters (2009)	Retrospective review	Department of Veterans Affair Tennessee Valley HealthCare System	4 Clinical Nurse Leaders	Significant improvements in micro-system outcomes such as patient cancellation, rate total knee arthroplasty patient transfusion, missed opportunities, venous thrombo-embolism prophylaxis and dining program participation.	USA
Shipton et al. (2008)	Developed scales for leadership effectiveness and care quality climate	86 hospital trusts run by the National Health Services in the United Kingdom	17,949 employees	A significant negative correlation between leadership effectiveness and patient outcomes. Patients reacted positively to the service they received from effectively led organisations by fewer complaints. From the patients' point of view a better quality service was experienced.	UK
Stanley et al. (2008)	3 case studies using a naturalistic approach	One 733- bed not for profit academic health centre A four-hospital 1200-bed not for profit health system A 194 bed medical centre	A total of 7 Clinical Nurse Leaders	No reported pressure ulcer development, 100% compliance with pneumonia and flu vaccine administration, and the implementation of heart failure patient education and smoking cessation counselling. A length of stay reduction of 0.87 days patient satisfaction index increased from 3.25 to 3.64.	USA

It is interesting to note that Wong, Cummings and Ducharme (2013) updated their systematic review recently and found 13 new studies. In spite of these new studies the strength of the research design used remains a concern, as many of the studies used

correlational designs. The evidence of the relationship between clinical leadership and better patient outcomes remained largely unclear.

Role modelling and leadership

Within the nursing literature role modelling has been recognised as an important teaching strategy (Andrews & Wallis, 1999; Felstead, 2013; Klunklin & Perry, 2008; Sawasdisngha et al., 2011; Wagner & Seymour, 2007). In other areas such as business administration role modelling is used in leadership development (Kempster 2009a). The term "role modelling" was coined by Merton defining a role model as a person '…who sets a positive example and is worthy of imitation' (Merton, 1957 p. 206). Modelling is the process of observation and imitation, where the leader behaviours are learned through the observation of experiences of other people (Sims & Manz, 1982). Role modelling is based on identification with the other (Kolhberg, 1963) and is grounded in social learning theories as described by Bandura (1977, 1986, 1997) over the last few decades.

There is however limited evidence to be found in the nursing literature in applying these strategies to leadership development. The literature regarding role modelling focuses predominately on skills development and clinical competence (Felstead, 2013 p. 223). Role modelling in nursing has been well utilised in a non-structured way to teach bachelor students the nursing profession. Besides using role models in teaching nursing students, there is also literature available that examines role modelling from a wider perspective. Fey (2000) argues that role models in nursing contribute to positive changes in the working life of nurses. Role models provide examples of the best that the nursing profession has to offer by displaying knowledgeable, caring behaviours towards patients, relatives, colleagues and students.

A significant amount of literature related to role modelling concerns the transmission of values and professional behaviour. In leadership development the main emphasis is on developing social competence (Day, 2000), which consists of values, behaviours and attitudes. The caring behaviours of nursing leadership 'cannot be taught but can be caught' (Felstead, 2013 p. 226). Role models can transfer behaviours and attitudes to observers (Belinsky & Tatatornis, 2007 p. 11). The delivery of quality care and leadership is facilitated through positive role models by helping to develop the practice of nurses (Belinsky & Tatatornis, 2007). The significance to leadership learning is

connected with leadership occurring through interaction with role models in day to day work life (Kempster, 2009a). This engagement increases understanding of leadership meaning and practices (Kempster, 2006).

In terms of leadership role models Lord, Foti and De Vader (1984) argued that people hold certain leadership prototypes, which describe the attributes and behaviours that are believed to be typical of leaders. This description is based on the individual nurse's values and beliefs. Determining if someone is a leader occurs through matching leader characteristics and behaviour to leader prototypes the individual nurse holds (Lord & Maher, 1991). When a nurse meets a person who behaves in a manner consistent with those leadership prototypes, that person will be seen as a leader (Grojean, Resick, Dickso & Smith, 2004). These behaviours can be positive and negative. This notion is recognised by Grojean et al. (2004) who argue that leaders can serve as role models for nurses who see a leader behave in a certain way and recognise the "rightness" of that behaviour. The nurse then adopts that behaviour as their own.

McCall et al. (1988) recognised role models as having a significant influence on leadership and management learning. Other scholars also accept that interaction with role models give form to leadership learning (Wright & Carrese, 2002; Burgoyne, 2004; Conger 2004; Cox & Cooper, 1989; Kempster, 2006, 2009; Taylor, Taylor & Stoller, 2009; McCall, 2004, 2010). In spite of the recent attention to observational learning, there is a limited focus in the leadership development literature on the impact notable people have in relation to leadership learning (Kempster, 2006). This relates to the difficulty in obtaining comprehensive data from participants on the effect of learning through observation and plausible arguments in research findings on how processes of this form of learning take place (Kempster, 2007). The nursing literature shows similar lack of evidence on the impact of notable people in nursing leadership learning. However, Charneia's (2007) doctoral thesis may offer some insights into the concept of observational learning. Charneia explored how nursing students develop competent and professional behaviours through observational learning. The findings of this study indicated that there were multiple, positive relationships between the teacher, role modelling of desired behaviours, and the perceptions of students having learned these behaviours.

Bandura (1986) stresses that it is not a single role model, but a large variety of people observed who can contribute to the development of human beings. To explain how

new employees engage with and utilise multiple role models the term "multiple contingent role models" has been brought into the literature by Filstad (2004). This scholar has made a distinction between two types of role models, labelled total role models and partial role models. Human beings use numerous role models in a partial way as they select particular characteristics or traits from the models in developing their own ways of working (Filstad, 2004 p. 403). No role model has all the characteristics and behaviours people are seeking and consequently people are inclined to use multiple role models (Gibson, 1995). It is Kempster (2009 a, b) who builds on this work through his research in leadership development among business managers. He found that leaders tend to use a selection of notable people for particular qualities in order to guide them through their leadership journey (Kempster, 2009 a, b). In addition to role-modelling there are other leadership frameworks and theories used to inform leadership development initiatives.

Leadership development initiatives

Generally, leadership development initiatives are intended to increase generic skills for lower and middle level managers. Leadership development in nursing is concerned with the development of leaders and their practice and the practice setting in which they operate (Patton et al., 2013). One of the difficulties regarding effective leadership development for nurses is that the majority of leadership theories were not generated from a healthcare or nursing perspective. Generally, these theories were generated in a business setting, and after the completion of the theory tested in a healthcare environment. However, many theories exist, providing a wide range of perspectives on how learning takes place and what motivates human beings to learn and change (Snowman & Biehler, 2006). Despite not being nursing specific, they may assist in educational leadership interventions for nurses (Allen, 2007 p. 36).

It is mainly non-nursing scholars who have made an impact on nursing leadership development, in particular, Bennis, (2003), Covey, (1989), Kouzes and Posner, (2007). This impact is often related to a framework for leadership programs. For example, Covey (1989) has made a large impact on nursing leadership ever since the introduction of British programs such as the Royal College of Nursing (RCN) Clinical Leaders Programs. A large proportion of the design has incorporated his concepts. Covey (1989) stresses the importance of the way people interact with each other and

central to relationships is trust and respect. Therefore, it has been argued that key aspects of educational leadership initiatives should include increasing social awareness (Boyatzis, 2008).

Kouzes and Posner's (1987) model of leadership was used to inform a clinical nurse leadership framework designed for registered nurses in the Canadian province of Ontario. Patrick et al. (2011) aligned clinical leadership attributes with Kouzes and Posner's model. This model defines five fundamental leadership practices that support leaders to be effective within an organisational context. These practices are:

- Challenging the Process, looking for innovative ways and challenging the status quo.
- Inspiring a Shared Vision, leaders include people in their dreams and 'enable them to see the exciting possibilities the future holds' (Kouzes & Posner, 2007 p. 18).
- Modeling the Way, by setting standards of excellence and by setting an example for others to follow.
- Enabling Others to Act, leaders build an environment of trust and make individuals feel capable and empower them; and
- Encouraging the Heart, by involving others in sharing and celebrating small and large achievements.

These practices are connected with explicit behaviours and actions, which can be observed (Patrick et al., 2011). The authors proposed that these leadership practices are applicable to nursing and therefore can be used as an underpinning framework for nursing leadership initiatives.

Australia does not have a national leadership program for health care professionals, but an example of a recent leadership program using an evidence based approach is a program for an undergraduate nursing course in Western Australia. The program is underpinned by the work of the leadership scholar Warren Bennis (Hendricks, Cope & Harris, 2010). Using Bennis' framework, emphasis was placed on increasing self-awareness in helping to identify personal strengths and weaknesses (Hendricks, Cope & Harris, 2010 p. 254).

In many countries such as the United Kingdom, Belgium, United States of America and Australia, leadership development programs and roles have been established. In 2014 within the National Health Services (NHS) in England a newly designed fast-track leadership scheme has been launched with an estimate cost of 10 million pounds. This scheme is additional to the 46 million pounds spent on the current leadership development initiatives through the NHS Leadership Academy (Edmonstone, 2013). Edmonstone (2008, 2009, 2011, 2013, 2014) is regarded as a prominent British researcher in the field of clinical leadership development and has written extensively on the topic of leadership in healthcare. Edmonstone (2013) argues that in spite of all the money spent, the developers of leadership programs often assume that leadership is context free, ignore the social process, focus too much on competencies and emphasis is only placed on developing individual leaders instead of leadership as a whole. Edmonstone (2013 p. 533) disputes the idea of having '…a single, one-size-fits-all leadership framework, applicable to everyone, no matter what their discipline or location in the healthcare sector…' He regards this notion as having a poor understanding of leadership development.

Day (2000) agrees with Edmonstone that this approach is not effective. Day (2000) makes it obvious that educational initiatives targeting the individual without taking relationships formed within the organisation and social context into consideration disregards the findings of recent research in the field of leadership. Such research relates to the work of Kempster (2009 a, b), Fairhurst, (2009), Liden and Anatonakis (2009) and Foli, Braswell, Kirkpatrick and Lim (2014) in that leadership and learning is always located within a particular context and thereby idiosyncratic in nature. Therefore, the NHS initiatives may not contribute to improving the capacity of the organisation. Likewise, 'attempting to build shared meaning systems and mutual commitments among communities of practice without a proper investment in individual preparation runs the risk of placing people in challenging developmental situations that are too far over their heads' (Day, 2000 p. 605).

Day (2000) was the first scholar to differentiate between leader development and leadership development, as seen in the adapted table 2. Considering the different characteristics as outlined in table 2, it is evident that leader development has a focus on individual-based knowledge; and the skills and abilities required for performing formal leadership roles (Dragoni, Tesluk, Russell & Oh, 2009). The key focus in

leadership development relates to gaining and utilising social competencies (Day, 2000).

	Leader development	**Leadership development**
Capital type	Human	Social
Competence Base	Intrapersonal	Interpersonal
Skills	Individual • Personal power • Knowledge • Trustworthiness	Relational • Commitments • Mutual respect • Trust
	Self-awareness • Emotional awareness • Self-confidence • Accurate self-image	Social awareness • Empathy • Service orientation • Political awareness
	Self-regulation • Self-control • Trustworthiness • Personal responsibility • Adaptability	Social skills • Building bonds • Team orientation • Change catalyst • Conflict management
	Self-motivation • Initiative • Commitment • Openness	

Table 2: Day (2000) Leader development and leadership development

Leadership development is seen as a social process of influence, supported by various authors such as Kempster (2006, 2009a, b), Conger (1998) and Parry (1998b). This process entails interpersonal relationships, social experiences and team interactions. The contextual aspects such as the experienced organisational climate also play a role (Kets de Vries & Korotov, 2010). This process entails interpersonal relationships, social experiences and team interactions. The contextual aspects such as the experienced organisational climate also play a role (Kets de Vries & Korotov, 2010). These key aspects led to the belief that leadership development comprises more than

focusing on individual leaders. Major components of leadership initiatives currently include increasing social awareness and topics like establishing and maintaining relationships, influencing others and conflict resolution. Within leadership initiatives an even balance between leadership development and leader development should be reached. Day (2000) argues that both approaches complement each other.

Research on leadership learning from practice has proceeded without a clear theoretical framework (McCall, 2004). What is known however is that there are specific methods concerning effective leadership development in practice, such as action learning, mentoring, and feedback tools. These can result in particular leader outcomes, such as changed understanding, increased confidence and self-awareness and changes to leadership practice (Miller, Umble, Dinkin, & Frederick, 2007). Leaders regularly integrate information and skills from multiple methods in an attempt to learn leadership skills (Patton et al., 2013). It is important to note that the most effective leadership development initiatives are the ones that take into consideration skill development which have direct links to practice (Leonard & Lang, 2010). Reviewing the literature it became apparent that some leadership development strategies can be considered to be effective. These strategies are experiential in nature, involve others and are based in the workplace. Already in the early nineties Marsick and Watkins (1990) described learning in practice as a situation where employees learn from daily activities at work. These activities or strategies include action learning sets, mentoring and job assignments. Some of these are used in the Tasmanian public health system and it is likely that the participants of this study will have experienced some or all of these strategies, but these were not explicitly mentioned in the interviews.

Action learning sets

Action learning, a concept coined by Revans (1980) proposes that the best way human beings learn when they work with existing organisational issues is in a group setting in real-time. Reflective learning in a team context has great potential for improving team performance (Brockbank & McGill, 2002). Action learning is a work-based method that emphasises the importance of questioning in order to improve insight (Edmonstone, 2008). Leadership learning entails action and reflection and both are required to improve leadership skills. Without the opportunity to reflect a person’s

ability to lead is compromised and therefore not progressive (Kets de Vries & Korotov, 2010).

Action learning is used by people working within complex organisations to nurture leadership development (Marquardt, 2009), addressing multi-layered issues with no obvious, easily applied solutions (Young et al., 2010). Due to its collaborative nature, action learning is well suited to facilitate leadership development (Coghlan, 2004; Day, 2001; Raelin & Coghlan, 2006; Raelin, 2008). Action learning is regarded as one of the methods being increasingly utilised for developing leadership and improving leadership behaviour (Byrnes, 2005; Skipton Leonard & Lang, 2010). It has been claimed that action learning has contributed to developing emotional intelligence and leadership capacity (Kramer, 2007). In North-American companies such as Boeing, Departments of Commerce and Agriculture and the National Institute of Health are using action learning for the purpose of leadership development (Skipton Leonard & Lang, 2010).

There is evidence that action learning is a highly appropriate developmental approach for the enhancement of clinical leadership (Edmonstone, 2008) and in particular in nursing (Rayner, Chrisholm & Appleby, 2002). Action learning is at times incorporated into leadership programs (Hughes, 2010, Phillips & Byrne, 2013) as organisations are beginning to embrace the notion that learning through reflection is important for leadership development. However, an organisational understanding of how this learning occurs has not been reached. Nevertheless, nurse managers have reported that by undertaking action learning they increased their repertoire of leadership skills (Phillips & Byrne, 2013). Handley and Schofield (2010) highlighted the importance of action learning in the development of individual nurse managers in a Tasmanian context. Action learning can help harness the creative energy of managers/leaders and thus contribute to the support of individual managers/leaders and potentially to the development of both the manager/leader and the organisation as a whole.

In contrast, it has been argued that in action learning groups a failure to connect with organisational issues exists (Edmonstone, 2011). Action learning topics such as personal and career development are to blame for not connecting with these issues. The emphasis moves away from handling organisational issues and moves in the direction of surveying the organisation and personal development (Pedler & Attwood,

2010). This focus on self may also have influenced the way it has been used in a group of Tasmanian government executive leaders (Harpur, 2012), resulting in mixed achievements. The study by Rayner, Chrisholm and Appleby (2002) that explored nursing leadership learning through the use of action learning identified other issues. It was found that not having a safe environment diminishes the effectiveness of action learning, as participants are not willing to share. The ability to listen in an effective way and provide support to help others solve work related issues themselves without providing detailed advice has been difficult. Some other challenges associated with action learning groups relate to perceived lack of time for participants to meet and the availability of expert facilitators to conduct the sessions (Phillips & Byrne, 2013). However, action learning if well executed is regarded as an effective method in developing leaders (Edmonstone, 2008) and '… can be successfully woven together in real life leadership development…' (Smith, 2001 p. 1).

Mentoring

The concept of mentoring is not new and the value and positive outcomes of providing it in healthcare organisations has been documented in the nursing literature (Allen, 1998; Andrew & Wallis, 1999; Dunham-Taylor, 2000; Shaffer, Tallarica, & Walsh, 2000; Donner & Wheeler, 2007; Jokelainen, Turunen, Tossavainen, Jamookeeah & Coco, 2011; Posluszny, 2014; Seekoe, 2014). The mentoring relationship is considered to be an effective professional learning tool that can contribute to leadership development (Fielden, Davidson & Sutherland, 2009). Mentorship and leadership are strongly linked, as the core aspect of being a mentor takes place by providing leadership, and mentorship is seen as a vital part of leadership (McCloughen, O'Brien & Jackson, 2011). Mentoring has been described as a development relationship, either formally or informally conducted (McAlearney, 2005). The role of a mentor is broad as they teach more than skills alone. They help in facilitating learning, guiding protégés making career decisions, and acquaint them with professional networks, providing new professional engagements and opportunities (Grossman, 2007). It is further argued that mentors can help to consolidate leadership learning (Hendricks, Cope & Harris, 2010).

In nursing leadership development mentoring has been a successful strategy (Fielden, et al., 2009; McCloughen, O'Brien & Jackson, 2009). This success has been measured

by the provision of support, development of leadership skills and individual successes made (Grossman; Owens & Patton, 2003). However, the link between mentoring and self-efficacy is debatable. Blastorah's (2009) doctoral study exploring the effect of mentoring on increased self-efficacy in nursing leadership did not find a relationship between mentoring and enhanced levels of self–efficacy. However, findings did reveal high number of participants involved in mentoring with the aim to develop their leadership skills. Moreover, the participants described mentoring relationships as active and positive.

Fielden, et al.'s (2009) longitudinal study explored how coaching and mentoring relationships impact the professional development of nurses in terms of career and leadership behaviours. A coaching and mentoring program was utilised to explore these strategies for the leadership development of nurses in a variety of health care contexts. This mixed method study used semi-structured interviews and questionnaires. It was found that mentoring and coaching reached similar results in terms of outcomes. These outcomes were career development, leadership skills and capabilities. But mentoring being a long term approach had a larger impact on increasing levels of development in the area of leadership and management.

Hill, Del Favero and Ropers-Huilman's (2005) study found that having a mentoring relationship contributed to participants pursuing nursing leadership positions. In addition, the experience as a mentee led to participants also becoming mentors. The large majority of participants experienced personal growth, including enhanced self-confidence and self-awareness. Other areas of growth related to the mentoring relationship include: undertaking courses, job changes, and being promoted. This study is in line with the notion that mentoring in nursing is a 'developmental, caring, sharing and helping relationship where one person invests time, know-how, and effort in enhancing another person's growth, knowledge and skills' (Shea 1999, p. 3). There is consensus 'that mentors do not produce great people, but that their value lies in their willingness and ability to nurture greatness in their protégés', contributing to the realisation of goals set (Tracey & Nicholl, 2006 p. 28).

Job assignments

As argued by many scholars, practical experiences are an important source for leadership learning to occur. In Philips and Byrne's (2013) study reporting on the

outcomes of a leadership development program aiming to enhance frontline clinical leadership, practical job assignments or work based projects were utilised. The work-based projects were aligned with the organisation's strategic goals and priorities, aiming to improve the quality of care. Emphasis was placed on enhancing nurse managers' skills in working together with teams to achieve the strategic goals. Not only were the nurse managers involved in job assignments as a participant group, but they were also involved in action learning. The action learning group supported the individual member in planning and undertaking the job assignment. This two way approach led to enhancing the quality of care in their clinical area and at the same time contributed to developing leadership skills.

People who have been on such a learning journey have provided accounts of development assignments as being a rich source of continuous learning (Giber, Lam, Goldsmith & Bourke, 2009). In work settings, job assignments can be regarded as opportunities for development and learning. However, to be developmental, job assignments or workplace projects need to challenge people (Scott, Coates & Anderson, 2008), which is core to this leadership development initiative. Participants need to experience a level of discomfort, as this will help them in thinking and acting in a different way (Ohlott, 2003). In that way, job assignments provide opportunities for learning and experimenting with new skills and behaviours (McCauley, Ruderman, Ohlott & Morrow, 1994). The most effective job assignments in terms of learning are supported by others and, in particular, direct managers (Ohlott, 2003). However, this important strategy of developing leaders is most of the time disregarded or used in a random way (Ohlott, 2003). It is interesting to note that many Australian universities in their master programs have incorporated workplace projects. This indicates that the tertiary education sector is starting to realise the potential of practical experiences with positive learning outcomes.

These practical experiences located within job assignments provide the content and context to challenge and change existing beliefs. They can become even more developmental through the provision of feedback on progress and discussion of emerging issues (DeRue & Wellman, 2009). Leaders who progress in their careers will experience job assignments that are developmental. Because of these experiences, they have the opportunity to gain knowledge and skills in order to make plans and take action, develop relationships and influence people, develop moral and philosophical

perspectives of the leadership role, develop emotional intelligence and develop self-awareness (McCall et al., 1988).

Feedback instruments

There are several teaching approaches used with in the field of leadership development to provide feedback on performance with the aim of changing behaviours (Hess, 2010). These approaches include but are not limited to: interactive video, programmed instruction, role play and simulation (Hess, 2010). There are also several instruments developed to provide feedback such as the Leadership Circle Profile (Anderson, 2006), upward feedback (Herold & Fields, 2004), video feedback and the 360 degree feedback tool (Dai, de Meuse, Peterson, 2010). The Leadership Circle Profile based on the work of Kegan (1994) has been designed to measure two domains, namely, creative competencies and reactive tendencies. The creative competencies relate to how results are achieved and reactive tendencies relate to leadership styles which block the creative competencies. This instrument aims to provide an insight into which leadership competencies require development and which limitations require attention.

Upward feedback involves feedback from staff working under the supervision of the manager receiving the feedback and the data is normally collected by using a survey instrument. Staff are asked to rate how often their manager displays certain types of leadership behaviours (Herold & Fields, 2004 p. 687). This feedback is provided to the manager with the aim of building on their strengths and work on their weaknesses. It is interesting to note that in Walker and Smither's (1999) study following over two hundred managers in an upward feedback program, no improvement was found between the first and second feedback. However, they saw improvement between the second and the third and between the third and fourth provision of feedback. Multiple moments of feedback and the length of the program appears to be crucial factors in achieving positive results such as changed behaviours.

A more innovative way of providing feedback is through the use of video feedback in combination with reflection and interactive analysis. This rarely used resource has the potential to develop nursing leadership skills (Crenshaw, 2012). The use of video feedback has mainly been used in improving communication between nursing, medical and allied health staff (Caroll, Iedema & Kerridge, 2008; Iedema, Long, Fortsyth & Lee, 2006) and patient safety (Iedema et al., 2009). Australian researchers

Iedema, Long, Fortsyth and Lee (2006) used video feedback in combination with reflection successfully in a clinical area of a major hospital. The researchers filmed clinicians communicating with each other. By showing the videos and through guided reflection on these videos, the care teams liaised to effect changes in care practices. Crenshaw (2012, p. 264) suggests that this method of video feedback could be used to develop nurse leaders, as leadership is centered on interaction and communication with others.

One of the more popular tools in leadership development is the 360 degree feedback approach also known as the multi-source feedback tool (Kets de Vries & Korotov, 2010). The tool is widely discussed in the literature (Dai, de Meuse, Peterson, 2010) and the tool is widely used in many leadership development programs (Nieminen, Smerek, Kotbra & Denison, 2013). Multi-source feedback is a system in which participants receive confidential, feedback from the people they work with including managers, peers and staff. The purpose of this tool is creating an understanding of the participant's strengths and weaknesses. The received feedback results are then translated into a professional development plan. There is a body of research supporting this tool in leadership and management development (Ermongkonchai, 2008; Garman, Tyler & Darnall, 2004; Guangrong, De Meuse & Peterson, 2010; Malling et al., 2009).

It is widely understood that people may learn from receiving feedback (Walker & Smither, 1999) and improve their behaviour (DeNisi & Kluger, 2000). Feedback received by leaders has been demonstrated to achieve positive outcomes within many organisations including health (Spurgeon, 2008; Van Rensburg & Prideaux, 2006). For example, nearly one third of general practitioners in a study conducted by Sargeant, Mann, Sinclair, van der Vleuten and Metsemaker (2007) changed some of their behaviours by being involved in the multi-source feedback process. Furthermore, multi-source feedback has the ability to produce tipping points by helping to make choices to address certain leadership behaviours that are regarded as undesirable (Kets de Vries & Korotov, 2010). However, for feedback to be effective it should be concrete, specific descriptive, balanced, non-threatening and constructive (Rubin, 2006 p. 385).

It is important to know that despite the many positive outcomes, the effectiveness of multi-source feedback can be influenced by a variety of personal factors such as being prepared to receive feedback, the way participants respond to feedback and being able

to construct goals for learning (Malling, et al., 2009 p. 160). These factors however can be handled by offering additional support such as mentoring and coaching to help participants to handle negative feedback (Nieminen et al., 2013). There are other concerns about the outcomes of multi-source feedback as professional growth does not always occur (Lockyer, Violato & Fidler, 2003) or has very small impacts (Smither, London, Flautt, Vargas, & Kucine, 2005). For example, the study by Malling et al. (2009) showed that multi-source feedback, when provided as the only learning strategy, proved not to be effective in creating learning plans for leadership development.

Other concerns relate to participants not knowing how to act upon the issues uncovered in the feedback process (Kuzmits, Adams, Sussman & Rabo, 2004). Many organisations implement multi-source feedback without clearly defining the strategic context or mission of the program and the quality of the data may be affected by the organisations' culture (Kuzmits, et al., 2004). Feedback provided inappropriately can harm participants and therefore care needs to be taken of how feedback is presented. Interestingly, participants in Smither, Brett and Altwater's (2008) study had an inclination to recall more strengths than weaknesses after receiving the feedback. Moreover, these memories only partly related to the received feedback (Smither, et al., 2008). However, multi-source feedback well planned and carried out has the potential to play a large role in developing leaders.

Summary

The purpose of this literature review was to discover what has been investigated in the areas of leadership research, clinical nurse leadership, role modelling and leadership development initiatives, in order to assist in formulation of the research question. The review of the literature has assisted in reaching a deeper understanding of the extant research in these areas. It is evident that exploring leadership learning among CNLs would address a significant gap in the literature. There is a dearth of research in exploring leadership learning processes in practice, particularly studies using a grounded theory approach. In terms of leadership development initiatives, it was argued by many authors that leadership development in practice may be more effective in growing leaders than classroom-based initiatives, but the evidence to date appears not to have a robust foundation.

Effective leadership initiatives should also take into consideration the organisational context and social process. There is a change noted in the way that increasing numbers of leadership development initiatives involve some sort of naturalistic learning such as role modelling, action learning, job assignments, mentoring and feedback mechanisms. However, there is paucity of evidence supporting naturalistic learning or learning in practice in developing nursing leaders. The understanding created from the literature was essential in formulating the research question, as it became apparent that the research question should entail leadership learning in practice.

The importance of undertaking this research also emerged as more health care organisations are starting to recognise the importance of nursing leadership, as evidence of positive outcomes of nursing leadership are more widely discussed. In making the decision to invest in developing nurse leaders, it is important to know what the best method is in order to achieve positive outcomes. Therefore, investigating how nurses have learned to lead in practice will contribute to more evidence-based knowledge in this area.

Chapter 3: Methodology

Introduction

This study was conducted in a public health care context, including acute, sub-acute and non-acute care. This research study used a qualitative approach and within this approach meaning and language were central concepts. These concepts will be explored in this chapter. The constructivist grounded theory approach as proposed by Charmaz (2006) was found to be the most appropriate way of exploring leadership learning. Grounded theory has its roots in symbolic interactionism and it will be made clear how this framework influences this research approach. This chapter further discusses grounded theory from the point of view of its critique, the process and the use of it in this study. The issues of objectivity, sensitivity and sensitising concepts will be presented. Sensitising concepts may be regarded as controversial, but play an important role in this study. Firstly, I will start with exploring the work of Bandura, as this research is using his work as a lens.

Bandura's social learning theory

Social learning theory as proposed by Bandura (1977, 1986) sees that a variety of interactions could have an influence on the development of human beings and the degree of this influence is variable and subject to the kind of interaction that is engaged (Allen, 1998). Bandura's social learning theory emphasises that people can learn not only from observing the consequences of their own actions, but also by observing the consequences of someone else's actions. Observing a model may also result in a change in attitudes and values (Bandura, 1977, 1986). This has implications for nursing and leadership practices as not only knowledge and skills are necessary, but also the behaviours, attitudes, and values of the nursing leader, as they all play a crucial role in undertaking leadership.

Social learning theory further proposes that behaviour should be seen as a two-way interaction between human beings and their environment. Bandura (1977, 1986) articulates this as both human beings and their environments are reciprocal determinants of one and other (Bandura, 1977, 1986). In other words, any psychological functioning, including learning, is the result of continuous interaction

between personal, behavioural, and environmental determinants. Bandura has identified four processes involving observational learning events: attention, retention, motor reproduction and motivational processes:

a) The attentional process involves the notion that people cannot learn from a model unless they pay attention to the modelled behaviour.

b) Retention processes relates to the argument that people cannot learn from observing modelled behaviour if they do not remember it. Through the use of imagined and verbal symbolic coding, observed behaviour could be stored in permanent memory for later use, informing performance. This symbolizing capability of human beings is one of the most important concepts of social learning theory (Quinn & Hughes, 2013). Social learning is therefore strongly linked with symbolic interactionism.

c) Motor reproduction processes are regarded as converting symbolic representations into appropriate actions. According to Bandura (1977), the behaviour is learned not only through observation, but also through corrective adjustments based on reflection of performance.

d) The motivational process explains why people enact some behaviours that they have learned and do not enact others. There must be a motivational factor such as a valued outcome to encourage the learned behaviour, and individuals undergo a cognitive evaluative process in order to determine the positive or negative effects of the outcome. The probability of the modelled behaviour being learned is amplified when the observer sees the model being rewarded for performing that behaviour (Perry, 2008).

Bandura has given us a theory of how people learn in a complex human agency. In addition to this theory symbolic interactionism also attempts to explain parts of this complex human agency.

Symbolic interactionism

Social interaction takes place through the use of symbols, identified as objects, tools, equipment and language. Blumer (1969) argues that the meaning of things to humans is central to action as people are active and dynamic, instead of simply responding to their environment. The world is interpreted through the use of symbols, mainly

language and behaviour. People take action based on the meaning generated from the interpretation made (Hutchinson, 1986; Denzin, 2004). In using a grounded theory approach it is important to understand symbolic interactionism (SI) as grounded theory has evolved from a SI perspective (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998 & Charmaz, 2003, 2006, 2014) and provides an important philosophical underpinning to grounded theory (Milliken & Schreiber, 2012). Symbolic interactionism infuses every level of grounded theory from epistemology and methodology and even influences data analysis (Milliken & Schreiber, 2001).

In a SI framework, 'meaning' is one of the key components in understanding human behaviour, interactions and social process. From this point of view, the researcher engaged in this paradigm understands that the meanings that are constructed by participants are situated within a particular context (Chenitz & Swanson, 1986; Charmaz, 2006, 2014). In terms of this research, experiences from and in practice produce and enrich meanings. Understanding of meaning is shaped by sociocultural influences that change behaviours and thinking (Crotty 1998). Experiences are translated into peoples' thinking and feeling (Mead, 1934). Meaning influences the way humans interpret and apply knowledge. Meaning of things to humans is central to action and they are played out in a social milieu through interaction with other people (Blumer, 1969). As such, meaning and constructing meaning has implications for leadership learning. People learn once they can connect meaning to a learning experience (Thomas, 2012), leading to an enhanced understanding of the world. Humans construct meaning by using the method of dialog (Mezirow, 1991). Therefore, discourse becomes central to making meaning (Mezirow, 2000). SI as a research framework provides a means for exploring not only the social world but also the contextualized processes by which human beings construct and engage with their social worlds (Milliken & Schreiber, 2012).

In this study the theoretical perspectives of SI provides the foundation for studying how Clinical Nurse Leaders (CNLs) register others in their working lives and how this social process of interpretation leads to changed leadership behaviours in a healthcare context (Benzies & Allen, 2001). As SI views that human beings base their actions on their interpretations of meanings, SI is an optimal way of approaching this research, as it is in line with the research objective to create understanding of how human behaviour, (inter)actions and social processes influence CNLs' leadership learning. SI

is similar to constructivism, which emphasizes social processes and interactions (Schwandt, 2003).

Bryant and Charmaz's (2007) argument that '…the fit between SI and grounded theory is extremely strong' (p. 21) makes sense. This relationship is obvious considering that both views seek to understand a situation from the participant's point of view (Charmaz, 2003, 2006). Furthermore, the individual and the world cannot be understood in isolation because the 'self' is being continually developed through interaction with other people (Jeon, 2004). The self is a product of social interaction. These SI concepts are closely parallel to Bandura's social learning theory and view on human agency (Walker, 1981; Hayes, 2000).

Defining ontology and epistemology

The aim of research is to generate knowledge and in understanding how this is produced two concepts are crucial: ontology and epistemology (Richardson-Tench, Taylor, Kermode & Roberts, 2011). Although I am describing ontology and epistemology in divided sections, in constructivism ontology and epistemology merge (Annells, 1996). The constructivism movement argues that the 'knower' can't be separated from all what can be known within the creation of a specific reality (Annells, 1996).

Ontology

Different research methodologies are grounded on contrasting theories about how humans understand reality, or in other words ontology. Guba and Lincoln (1994) define ontology as our beliefs about the nature of reality or our understanding of our existence (Hansen-Ketchum & Myrick 2008). Ontology concerns the study of existence itself (Richardson-Tench, Taylor, Kermode & Roberts, 2011). My ontological position is in line with Charmaz's (2000, 2003, 2006) constructivist stance to the extent that I believe that multiple social realities exist and that data reflects the mutual constructions of researchers and actors and the researcher is affected by the worlds of participants (Charmaz, 2000, 2003, 2006; Cooper, 1998, p. 8).

This approach represented by Charmaz is leaning towards postmodernism, but is not clearly situated within it. Post-modernism encompasses multiple perspectives in

particular contexts (Richardson & Adams St. Pierre, 2005). Researchers working in a post-modern paradigm assume that theories only produce partial views of their investigation and that every representation of the explored phenomenon is permeated by history and language, thus it cannot be neutral (Best & Kellner, 1991). Post-modernists have a preference for critical methods identified as critique, questions and dialogue and these are inherently qualitative in nature (Hollinger, 1994 p. 173).

Alvesson (1996) calls for researchers to consider being open to more than one interpretation in exploring leadership as a phenomenon. He argues that it is impossible to generate knowledge regarding leadership by using set procedures to draw abstract conclusions. Researchers should utilise other overt ways of investigating, focused on specific contexts and acknowledging that meaning is created together with study participants (Ospina, 2004).

Epistemology

Epistemology is the nature of the '…relationship between the knower and what can be known' (Annells 1996, p 387). The participant is the knower and the researcher is the one to determine what can be known in the construction of knowledge. Epistemology relates to producing a philosophical foundation of what sort of knowledge is possible and it involves the insurance of being adequate and legitimate (Maynard, 1994). Epistemologies such as positivist and post-positivist make the assumptions that a fundamental objective truth exists, which can be revealed. The constructivist approach aims to signify the subjective reality through the interaction between participant and investigator in a way that is trustworthy and genuine (Guba & Lincoln, 2005). In a constructivist paradigm meaning is given by individuals to the social world and that is how reality is constructed (Appleton & King 2002).

A constructivist approach assumes an epistemology that views knowledge as generated through interactions between the researcher and the research participant (Lincoln, 1992; Hayes & Oppenheim, 1997). It assumes a subjectivist epistemology, meaning that an interrelationship between knower and researcher exist (Gardner, McCutcheon & Fedoruk, 2013). The researcher's position involves a reflexive stance and studies how, and at times why, participants construct meanings in particular circumstances (Charmaz, 2006). Constructivists take an epistemological stance on subjectivism, contending that researchers cannot be completely objective. Within this

stance it is recognised that an interrelationship exists between the researcher and the participant (Mills et al., 2006).

To interpret a reality, it is necessary to perceive it from the participant's perspective and at the same time to remain flexible to the subjectivities that researchers may bring into the interpretation. This can only be done through interacting and sharing understandings between the researcher and the participant (Schwandt, 2000). Researchers are actively involved in undertaking research instead of being objective observers, and their values must be recognised by themselves and the readers as an anticipated component of the outcome (Appleton, 1997; de Laine, 1997; Ratner, 2008). Like Charmaz (2000, 2006) I agree that we are a part of the world that we as researchers explore, recognising that the actions and interactions of people within a group such as nurses and clinical leaders are interrelated.

Some scholars (Acuff, 2007; Avis, 2003; Houghton, 2008), argue that it may be helpful to move beyond debates about epistemology to consider the practical issues of using grounded theory in leadership research, with all the variations that arise from its use. Grounded theory develops theory, and it is in this light that grounded theory should be viewed by researchers. However, I agree with Bryant and Charmaz, (2007 p. 32) that any research needs to make epistemological claims; therefore a method must indicate why its application will lead to a development of knowledge. Thus, the ontological and epistemological lens through which research is conducted provides a rationale for the use of a particular research methodology (Hansen-Ketchum & Myrick 2008). Issues concerning grounded theory are clustered around the notion that researchers find it difficult to place it within their epistemological assumptions, mainly because of its history (Urquhart & Fernandez, 2006).

The history of grounded theory

Over time grounded theory has evolved into three major streams (Breckenridge, Jones, Elliot & Nicol, 2012). It has been argued that a researcher must be familiar with and understand the various major forms available (Hunter, Murphy, Greasilh, Casey & Keady, 2011a), to make an informed decision about which version to use. Investigating grounded theory in depth prior to commencing the study is advisable. Understanding grounded theory depends on becoming knowledgeable about ontological, epistemological, and methodological viewpoints of the approach (Gelling,

2011). Understanding theoretical underpinnings deriving from symbolic interactionism and recognising the pertinent paradigm of inquiry within the approach leads to understanding the different viewpoints (Annells, 1996).

Grounded theory differs from any other qualitative methodology, as core to this approach is that theory arises from and emerges solely from the data (Glaser & Strauss, 1967; Strauss & Corbin 1990; Annells 1997; Backman & Kyngas 1999; Wimpenny & Gass 2000; Cutcliffe 2005; Mills, et al., 2007; McGhee, Marland & Atkinson, 2007; Storberg-Walker 2007). Fundamental to grounded theory is locating the basic social process, the essence of the developed theory. Grounded theory utilises a systematic set of procedures to generate an inductively derived theory (Parry, 1998) regarding a social occurrence such as clinical leadership learning in practice.

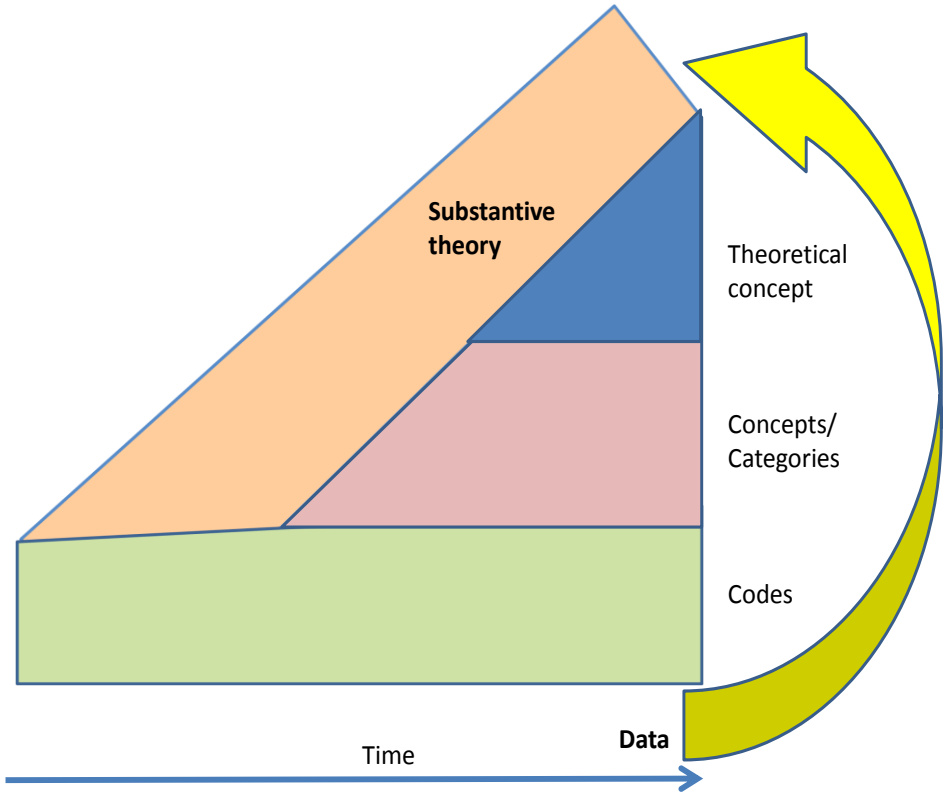

Figure 1: A summary of grounded theory methodology (Adapted from Muller & Kogan, 2010).

This process involves in depth exploration of the social processes (Parry, 1998). The steps involved in the grounded theory approach are illustrated in Figure 1.

Grounded theory was "discovered" through the partnership of Barney Glaser and Anselm Strauss almost 50 years ago, and was portrayed as a methodology in their *Discovery of Grounded Theory* (1967). Glaser and Strauss developed grounded theory and in doing so, challenged and provided an alternative to the intense positivism that dominated social research in the 1960s. Their methodology describes a pragmatic means of exploring empirical reality through observation, and analysis of participants in their own context (Suddaby, 2006). However, it was also their only publication together on this methodology (Roberts, 2008). Grounded theory has played a key role in raising the credibility of a qualitative approach in traditional scientific circles, and is regarded as one of the most influential approaches for generating theory (Annells, 1997; Thomas & James, 2006; Hall, Griffiths & McKenna, 2013).

Moreover, this important work has been described by Thomas and James (2006, p. 767) as the major '…contributor to the acceptance of the legitimacy of qualitative methods in applied research…'. It is a method that offers a systematic approach to study the richness and diversity of human experience, interaction, and meaning, and it can lead to the generation of a theory of human behaviour (Hutchinson & Wilson, 2001; Holloway & Todres, 2006). Therefore, grounded theory moves beyond descriptive studies (Hall, et al., 2013). Moreover, it increases understandings of the contextual reality of problems and processes (Hutchinson & Wilson, 2001; Holloway & Todres, 2006).

Many scholars were moved by the discovery of grounded theory as they considered grounded theory as '…a cutting-edge statement because it contested notions of methodological consensus and offered systematic strategies for qualitative research practice…' (Charmaz, 2006 p. 5). However, Glaser and Strauss's version of grounded theory still assumed objective external reality (Charmaz, 2000). In reaction to grounded theory other scholars became enthused and the new form of inquiry developed a gradually more influential set of followers, who started to teach their own students about grounded theory (Muller & Kogan, 2010 p. 10).

Since the publication of the seminal work on grounded theory in 1967, three major variants have been developed over time and this includes additional methodological refinements, philosophical underpinnings and theoretical concepts. All variants include '…original and innovative approaches…' (Allen, 2010 p. 1606). The first one is described as the Glaserian, the second one is that of Strauss and Corbin and the third

one is the constructivist grounded theory of Charmaz (Khambete & Athavankar, 2010). In addition, another development occurred which overlapped the constructivist movement. Clarke's (2005) situational analysis departed the constructivist epistemology, moving in the direction of a postmodernist view (Mills et al., 2007).

I will explain the variety of directions grounded theory has taken, starting with Glaser, whose viewpoint concentrated strongly on topics such of "sensitivity" and "emergence" (Glaser, 1978, 1998). A researcher who used theoretical sensitivity, according to Glaser (1978) would be in a position to learn to utilise the data in such a way that the 'theory would "emerge" from the data directly, without unnecessary procedures' (Muller & Kogan, 2010 p. 11) and therefore would not be "forced" (Glaser, 1992).

Strauss favoured a more formal set of methods, which he describes in his publications (Strauss, 1987, 1993). Strauss and Corbin (1990, 1998) in partnership developed in depth coding schemes and a language of coding methods, which are prescriptive. Strauss and Corbin (1990, 1998) prefer to give voice to research participants. Strauss and Corbin also created strategies regarding fitting a grounded theory analysis into the preceding literature. Glaser's work is different in the way that it utilises the literature only until the theory has been generated. Moreover, Glaser is clear about avoiding the literature at the initial phases of the research study. He regards the literature at the early stage as a source of distortion (Muller & Kogan, 2010, p.11). Students were exposed to two progressively different sets of concepts and methods, while at the same time grounded theory scholars continued to assert theirs was the right grounded theory approach.

Charmaz is one of the few grounded theorists that studied under both Glaser and Strauss (Martin 2006a). Through this unique exposure and her own beliefs a constructivist grounded theory approach, as Charmaz named her work (Charmaz, 2000, 2005, 2006, 2008, 2009, 2014) has emerged as the major alternative to the earlier versions. The constructivist movement started to pay attention to the philosophical basis of the grounded theory at the turn of the century (Annells, 1996; Norton, 1999). The methodological break of constructivist grounded theory approach continues a strong tradition of methodological evolution associated with grounded theory. In accord with this development, Mills, Chapman, Bonner, and Francis (2007

p. 72) place the tradition of grounded theory on a ‘methodological spiral’ via a range of epistemological stances, echoing specific underlying ontologies.

For Charmaz (2006) the increased understanding of the meanings related to the social and psychological perspectives of the social world of participants should be presented in grounded theory. At the same time she also recognises the key role language and discourse play. Constructivist grounded theory consequently ‘…reshapes the interaction between researcher and participants in the research process…’ and as it happens it brings the centrality of the researcher as author to the methodological forefront (Mills, Bonner & Francis, 2006 p. 31). Therefore, in constructivist grounded theory emphasis is placed on both the participant and the researcher.

Clarke’s (2005) extension of grounded theory is called situational analysis and is similar to Charmaz’ s (2006) version, as co-construction of knowledge between the researcher and the participants is regarded as important (Birks & Mills, 2011). Both Clarke (2005) and Charmaz (2006) agree that traditional grounded theory lacks reflexivity in the research process. However, a unique feature in situational analysis is the focus on the social situation instead of analyses of social processes. Clarke (2005) proposes mapping strategies for analysing. There are three maps which open up the data, providing insights into non-human aspects of a given situation, such as technology or the discourse related to specific matters (Martin, 2006 b).

Critique of grounded theory from outside the movement

Most research approaches like grounded theory do not exist without critics (Jones & Alony, 2011, p. 98). Denzin (1992 p. 20)describes Glaser and Strauss’ approach as pragmatism producing ‘…a crippling commitment to an interpretive sociology too often caught in the trappings of positivist and post-positivist terms (e.g. validity and proposition and theory)’. However, grounded theory as discovered in 1967, including Glaser and Strauss’ later refinements are well situated in an interpretive paradigm. It is logical that some positivistic terms have remained as the 1960s were predominantly dominated by a positivistic paradigm. Denzin’ s critique was made more than 20 years ago and grounded theory has developed considerably during the last two decades and has moved even further away from the positivist movement.

The different approaches to grounded theory are regarded by some scholars as a key point of weakness (Thomas & James 2006). They argue that these approaches lack a standardized methodology (Neal, 2009). However, the flexibility of grounded theory can be considered a strength because it stimulates a '…constant dialogue between the theoretical and the pragmatic' (Neal, 2009 p. 3). It is important to mention that grounded theory is an evolving methodology and therefore holds the capacity for change (Hall, et al., 2013). A recent critique on constructivist grounded theory relates to the perceived absence of steps to guide the researcher in applying the approach (Hunter, Murphy, Greasilh, Casey & Keady, 2011a). My experience differs from this view as I have found through comparing the different versions of grounded theory, that the constructivist stance offers the clearest direction of all. Charmaz's (2006) Constructing Grounded Theory text and Birks and Mills' (2011) Grounded Theory a Practical Guide were very useful in guiding me along the path of grounded theory.

Another criticism has been articulated by Suddaby (2006) and Parahoo (2009), relating to a recurring issue in misusing grounded theory as a research approach. Parahoo's findings in reviewing manuscripts highlights that researchers claim to have performed grounded theory, but in fact offer little description of their approach (p. 640). This notion is supported by Birks and Mills (2011). It often occurs that data has been collected randomly and coding occurred through pre-existing conceptual categories, testing hypotheses. It may also be the case that the researcher is challenged by the critical stages of the analysing process and theoretical integration (Birks & Mills, 2011). This however, is not a problem with grounded theory but a problem of rigor applied by the researcher in question. Transparency in this study is provided in Chapter Four describing the method of data collection and analysis and my adherence to the constructivist grounded theory approach as presented by Charmaz (2006) and the Australian authors Birks and Mills (2011, 2015).

Generally, substantive grounded theories relate to the settings from which they are generated (Parry, 1998). Grounded theory studies are difficult to replicate as no two situations are alike. Circumstances are subject to continuous change and this may even be the case within the one study (Glaser & Strauss, 1967). One of the criticisms concerning grounded theory methodology therefore relates to the lack of replicability (Parry, 1998). However, the quantitative notion of replication does not apply to qualitative approaches such as grounded theory (Chenitz & Swanson 1986). What

matters is whether the researcher can ask the same questions of people in different contexts. Therefore, it would be more appropriate to ask the question if grounded theory was used in similar circumstances, would the investigator be able to interpret, understand, and predict phenomena (Parry, 1998).

If utilised to explore naturalistic leadership learning by adhering to constructivist grounded theory method this investigation could claim a consistent approach. Elliot and Lazenbatt (2005) make claims that grounded theory needed to be critiqued as a set of research methods, comprising the utilisation of concurrent data collection, memo writing, constant comparative analysis and theoretical sampling. The use of all these techniques contributed to the value of this grounded theory study and helped to promote a rigorous research process, as quality standards regarding the practice of grounded theory methodology were met.

Critique of grounded theory from within the movement

Grounded theorists themselves provided critique on each other's stance. For example the progression of grounded theory is followed by Charmaz's (2009 p. 129) critique that Glaser and Strauss's union of opposing traditions positioned grounded theory to some extent on shaky '…ontological and epistemological grounds…' and therefore '…planted seeds of different directions for the method…'. Glaser has indicated that Strauss and Corbin's variety cannot be regarded as grounded theory, because it has deviated from the fundamental philosophical position (Khambte & Athavankar, 2010). Glaser (2002) argued that Strauss and Corbin (1998) developed too many techniques and is not true to the data. Glaser also expressed that finely detailed methods causes interferences between the researcher and the data (Muller & Kogan, 2010). He goes on to say that the Straussian procedures are "forcing" the data into a corner, dictated by unnecessary procedures (Glaser, 1992). However, many researchers have encountered difficulties in applying Glaser's version as it does not provide practical guidelines (Khambte & Athavankar, 2010).

In addition to Glaser's (2002) critique of Strauss and Corbin's version, he also rejects the constructivist approach, arguing that it risks 'descriptive capture' (Glaser, 2001 p. 33). This means seeking precise descriptions of the data instead of transcending abstractions. Glaser's (2002) critique also involves the notion of researcher bias, as in a constructivist approach the researcher has an active interpretive role. Bryant (2003)

argues in response to Glaser's objection, that this exposes misunderstanding of the developments between the diverse philosophical research positions within grounded theory. Hall & Callery (2001) argue in support of Charmaz's constructivist approach that the interpretative role of the researcher increases rigour by acknowledging the role of the researcher in shaping the theory that is constructed.

It is not only Glaser who objects to the constructivist approach, as this version has contributed to some concern in the grounded theorist community. Greckhamer and Koro-Ljungberg (2005) and Boychuk Duchscher and Morgan (2004) raised concerns regarding 'erosion' of the grounded theory methodology. However, Charmaz (2006) asserts that to be consistent with and true to the grounded theory methodology researchers can be flexible:

> 'Grounded theory guidelines describe the steps of the research process and provide a path through it. Researchers can adopt and adapt them to conduct diverse studies. How researchers use them is not neutral; nor are the assumptions they bring to their research and enact during the process. Antony Bryant (2002) and Adele Clarke (2003, 2005) join me in contending that we can use basic grounded theory guidelines with 21st century methodological assumptions and approaches' (p. 9).

This notion involves adopting a broader epistemology, which implies a greater flexibility in methodology and contributes to a deeper understanding of the phenomenon under investigation and the individuals who belong to it (Darlaston-Jones, 2007 p. 23). In addition, it opens the way for the exploration of human agency and the relationship between this and the settings in which it takes place (Berger & Luckman, 1967).

Constructivist grounded theory approach

This study utilises a grounded theory approach as proposed by Charmaz (2000, 2005, 2006, 2008, 2009). Charmaz (2005, 2006) offers the grounded theorist an understandable way of undertaking grounded theory and at the same time providing consideration for the progress made in the theoretical and methodological developments in the last forty years. This version is the most significant variation for me, as her work offers both a wealth of procedural guidance and an account of my

responsibility for the theory that has been constructed. The practical advice given in Charmaz (2006) work stood out and aided me to a clearer understanding of grounded theory. A significant component of Charmaz's approach relates to the notion that a theory is constructed and not discovered, as suggested in earlier versions. This construction is built through the researcher's interaction with participants. It is therefore assumed that both the research process and the studied world are socially constructed through actions, but that historical and social conditions constrain these actions (Given, 2008).

The Constructivist version of grounded theory (Charmaz, 1990, 2000, 2003, 2006; Charmaz & Mitchell 2001) leaves no doubt about taking a reflexive stance on the ways of knowing and focusses on the empirical realities and participant narratives (Charmaz, 2005). A constructivist approach views data and the understandings derived through '…analysis as created from shared experiences and relationships with participants' (Ghezeljeh & Emani, 2009 p. 19). Charmaz (2000) writes that the traditional grounded theorists see grounded theory as the discovery of categories integral to the data, detected in a certain context by a neutral observer. Charmaz (2000) contends that a stance like that is no longer reasonable in the era of the 'interpretive turn' (Denzin & Lincoln, 2000) in the qualitative field of social research. Charmaz (2006, p. 178) postulates a constructivist position in which: 'we can view grounded theories as products of emergent processes that occur through interaction'.

Constructivist grounded theory sees grounded theory procedures not as prescriptions but rather as a set of principles and practices (Charmaz, 2006). The approach focusses on flexible guidelines, instead of methodological rules and requirements. Constructivist grounded theory methods enable us to enter the world of the research participant, to '…look at their world through their eyes and, to the best of our ability, understanding, although we may not agree with them…' (Charmaz, 2006, p. 19). Charmaz (2006) views the role of the grounded theorist is to learn what is happening in research participants' inner lives. This viewpoint presents the researcher with the opportunity to follow new leads, add new lenses and remodel the data collection as analysis deepens (Charmaz, 2006).

According to Charmaz (2006), grounded theorists position themselves in the research process, by considering *how* their theories develop. Furthermore, there is the assumption that in constructivist grounded theory both data and analyses are socially

constructed mirroring the creation involved (Bryant, 2002, 2003; Charmaz, 2000; Hall & Callery, 2001; Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004). This view regards any analysis as contextually situated in time, place, culture, and situation (Charmaz, 2006). As constructivists see facts and values connected, it is recognised that what is seen and what is not seen rests on values (Charmaz, 2006 p. 134)**.** Constructivists are aware that researchers could introduce preconceived ideas into their investigation when they are unaware of the assumptions they hold. Therefore, constructivism nurtures the notion of reflexivity regarding researchers' own interpretations (Charmaz, 2006).

One of the strengths of a constructivist grounded theory approach is the provision of tools for analysing processes, and these tools are well suited to studying social phenomenon (Charmaz, 2005). Charmaz (2003, p. 313) uses the term approach instead of methodology and is defined by her as the fundamental process of conducting grounded theory. She describes the following core principles:

(a) simultaneous data collection and analysis;

(b) pursuit of emergent themes through early data analysis;

(c) discovery of basic social processes within the data;

(d) inductive construction of abstract categories that explain and synthesize these processes;

(e) sampling to refine the categories through comparative processes; and

(f) Integration of categories into a theoretical framework that specifies causes, conditions, and consequences of the studied processes. (Charmaz, 2003 p. 313).

Objectivity and sensitivity

Charmaz describes sensitising concepts as, 'those background ideas that inform the overall research problem' (Charmaz, 2003 p. 259). Charmaz (2006) suggests that it is impossible for me as a researcher to separate myself from the person I am, or what I have come to know, or my life experiences. It is right for me to bring my own perceptions and sensitising concepts into the research process. Theoretical sensitivity relates to being sensitive about what data are important in developing a substantive

theory. The theory needs to develop from the research data. According to Charmaz (2006), personalising the perceptions adds value in generating theory. As researchers 'we construct our grounded theories through our past and our presents involvements and interactions with people, perspectives and research practices' (Charmaz, 2006 p. 10). The notion that the researcher is a 'blank slate' is a misconception (Urquhart & Fernandez, 2006). From the moment we are born we add to the slate. Therefore, this research will apply prior knowledge that observational learning and role modelling has been proven to be an effective approach in learning to lead in other contexts (Kempster, 2006; 2009; 2009b). The notion of prior knowledge is a sensitising concept, which is in line with Blumer's (1969) view that specific questions regarding the topic are provided by sensitising concepts, forming the initial ideas to pursue. According to Blumer (1954 p. 7) sensitising concepts:

> … 'Gives the user a general sense of reference and guidance in approaching empirical instances… [and] suggest directions along which to look.'

Many grounded theorists see sensitising concepts as a starting point for their investigation and they are regarded as interpretive instruments (Padgett, 2004; Bowen, 2006).

Grounded theorists use sensitising concepts in a cautious manner for generating ideas regarding processes that researchers detect in the collected data (Charmaz, 2006). However, if specific sensitising concepts are found not to be relevant, grounded theorists will depart from these concepts (Charmaz, 2006). Therefore, in addition to the sensitising concepts of observational learning and role modelling, I have taken a reflexive stance contemplating my perceptions and attitudes, and the past experiences I had in my role as a registered nurse and clinical leader. Undertaking this process helped to increase my sensitivity to the emerging categories. I was able to see what was happening in the data. Therefore, the data analysis has not been forced by applying the sensitising concepts in this grounded theory study.

Justifying the use of grounded theory

It is argued that leadership entails a process of "social and relational influence" (Parry, 1998 p. 87) and there is an identified lack of studies examining the process of leadership (Parry, 2006). Moreover, there is paucity of literature which concerns

theorising about the nature of these processes (Parry, 1998; Reichard, 2006). Parry (1998) and Kempster & Parry (2011) argue that rigorous grounded theory research alleviates the insufficiencies found in current leadership research. It is possible for the grounded theory approach to add to current understanding of leadership and learning within certain settings (Kempster & Parry, 2011) such as the practice environment of CNLs. Furthermore, other researchers (Conger, 1998: Parry, 1998, Toor & Ofori, 2008) support the relevance of a qualitative research methodology to study leadership. There is evidence that grounded theory can enable a researcher to discover the basic social process that is central to leadership learning (Toor & Ofori, 2006). The field of leadership research has previously been dominated by quantitative researchers (Parry, 1998) using a positivist framework. However, this may be changing as the number of studies conducted using grounded theory methodologies (Baran & Scott, 2010; Hunter, Lewis & Ritter-Gooder, 2012; Shapira-Lishchinsky, 2012; Su, Jenkins & Liu, 2012) are slowly on the increase and some are even embracing the requirement of including context and process (Kempster & Parry, 2011, p.11).

In this study, grounded theory was used (Charmaz, 2006; Parry, 1998; Glaser & Strauss, 1967: Glaser & Corbin 1990) to develop a substantive leadership learning theory from interpretations and theorising the processes CNLs were engaged in. Grounded theory, as an approach, was most appropriate for meeting the interpretive requirements of producing a "sensitive understanding" (Brooks, 1998 p. 5) of the processes that allowed nurses to make sense of their organisational lives, including leadership learning.

Grounded theory has previously been used in leadership studies in America (Hunt & Ropo, 1995; Lakshman, 2007) but also in Australia and New Zealand (Hunter et al., 2012; Jones & Kriflik, 2006; Kan & Parry, 2004; Parry, 1998). Parry was among the first to debate that using grounded theory to study the process of leadership is appropriate. This argument is largely based on the notion that leadership development is so closely associated with the processes of changed behaviours. More importantly, leadership learning needs to take into consideration context and process, and the focus of these concepts is greatly reflected in a grounded theory approach (Kempster & Parry, 2011). Grounded theory is well suited when little is known about a topic or phenomena and is best used in analysis and identification of complex and hidden processes (Morse, 2001), which is the case for naturalistic leadership learning. In

addition, researchers have called for using a grounded theory approach for exploring the "how issues" of leadership learning (Bryman, 1996, 1998; Parry, 1998; Toor & Ofori, 2008). Clinical nursing leadership development studies using grounded theory remain scarce and this has convinced me to undertake the grounded theory approach. However, there was a risk in taking this approach as a theory may not have been developed after finishing data collection and analysis (Jones & Alony, 2011).

Summary

This chapter explored Bandura's social learning theory, and the links with symbolic interactionism. Symbolic Interactionism has influenced the constantly developing grounded theory approach. The relation between symbolic interactionism and grounded theory is strong as both views try to understand a situation from the participant's point of view (Charmaz, 2003, 2006, 2014). Constructivist grounded theory has provided me with a clear direction of how to conduct a grounded theory study. The pragmatic nature of the constructivist grounded theory approach was uncomplicated and some sensitising concepts were brought into the research. It was argued that this was in line with Charmaz (2006, 2014) view on sensitising concepts, because a researcher cannot enter the study with a blank slate, and therefore, prior knowledge was brought to the study. This notion emphasised my stance of reflexivity that involved carefully investigating my point of view throughout the research.

Grounded theory has a rich history, published first in 1965 and further refined over the next 50 years. A variety of streams have emerged and one of them is constructivist grounded theory. As with any other methodology, grounded theory has received some criticism from within and outside the grounded theory movement. This criticism may not always be justified. By studying the research approach, I have been able to form my own thoughts about grounded theory. I have found the approach to be suitable for the phenomenon under investigation. Although grounded theory has limitations, they can be worked with by applying the methodology in a rigorous way, collecting rich data, conceptualisation and generating a substantive theory related to the context in which the study takes place.

Chapter 4: Methods of data collection and analysis

Introduction

This chapter describes the methods of data collection and analysis and the ways in which they were applied to the research problem. The recruitment and selection process of participants is presented in this chapter. Ethical considerations for this research have been considered and acted on. Data collection is an important step in the research process, as it can determine the quality of the research. Therefore, this chapter describes in detail how the data were collected through interviews. Coding, constant comparative analysis, memo writing and theoretical sampling will be presented. Furthermore, how data sufficiency was reached and how the theory was generated is made clear.

Recruitment and participant selection

Grounded theory utilises a sampling technique in which the sample numbers are not known at the start of the study (Cutcliffe, 2000; Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). The sampling commences with a purposive strategy and then in line with the processes description of Charmaz (2006) the sampling becomes theoretical underpinned by the emerging concepts. This research has used the strategies of purposive and theoretical sampling to access CNLs.

Ideal participants for grounded theory studies are ones who have been through, or observed the experience under investigation (Creswell, 2003; Morse, 2007 & Tashakkori & Teddlie, 1998), as they can provide rich data. Participants must therefore be experts in the experience or the phenomena under investigation (Morse, 2007 p. 231). This argument is in accordance with Patton's (1990 p. 107) stance arguing that the process of initial or purposeful sampling is critical to interpretive research. He states that the selection of participants who are able to provide rich data and the ones from which a researcher can learn plenty are of vital importance to the study. Charmaz (2006) contributes to this discussion by saying that purposeful sampling emphasises depth and meaning-making. With purposeful sampling, the

researcher establishes '… sampling criteria for people, cases, situations, and/or settings before she [sic] enters the field…' (p. 100). An obvious mistake in purposeful sampling relates to selecting participants who do not '…represent the variation known to exist in the population or phenomenon being studied' (Koerber & McMichael, 2008 p. 463).

The participants in this study were CNLs engaged in the management of a clinical area. A CNL is someone who is a clinical expert in a particular area of practice and who uses interpersonal skills to assist nurses to provide high quality care to patients (Harper, 1995; Cook 2001, 2004). For the purpose of this study and in operational terms CNLs were defined as Nurse Unit Managers (NUM). Reviewing the Tasmanian Health Organisations' Statement of Duties (SOD) for this participant group, it became clear that the SOD for this group was in line with Harper's (1995) and Cook's (2001, 2004) definition of CNLs. Within this SOD emphasis was placed on providing leadership, and ensuring '…the efficient and effective provision of care, based on clinical standards and best practice principles…'

The role requires:

- demonstrated clinical knowledge and/or experience relevant to the area; and
- leadership skills – individuals are required to demonstrate capability to provide the ward/unit/team with a clear sense of direction, inspire a positive attitude and a desire to succeed in staff members at all levels, and persuade others and influence outcomes (internally and externally) for the ward/team/unit/patients.

To maximise data variation, participants were recruited from more than one healthcare organisation and a wide range of clinical areas in Tasmania. Two criteria served as a guide in the selection of participants. The first criterion was that the NUMs were currently employed within a public healthcare context for reasons of convenience, including access to the participant group. The second criterion was that an eligible participant should have greater than five years of post-registration experience. These participants were determined to be those that could best inform the area of study because they had learning experiences to draw on regarding clinical leadership.

Both males and females were recruited into the study. How many participants needed to be recruited was unclear at the commencement of the study, as sample size is determined on how quickly theoretical sufficiency (data saturation) is established.

Fifteen participants in total were recruited. The age of the participant group ranged between 30 and 55 years and was representative of the current age group of NUM's working within the Tasmanian Health Organisations. The Department of Health and Human Services employs 160 nurses (2010) with the title of 'Nurse Unit Manager' across the three Tasmanian Health Organisations and Disability, Child, Youth and Family Services. The majority of services are linked to the geographical communities identified as South, North and North-West. However, not all NUMs work in clinical settings, reflecting the expansion and diversity of the role.

Recruitment was conducted over a 14 month period. From a practical perspective, an (electronic) letter was sent to the NUMs who met criterion one. Once permission for participation was received, it was ensured that criteria two was also met. The electronic letter sought interest in participation (see appendix 3). In addition to this an information sheet was attached (see appendix 2) providing a detailed overview of the study, including criteria for selection. Because grounded theory involves the deep and comparative analyses of data, the aim was to interview subsequent participants as concepts emerged, hence the 14 month period. In addition, it was recognised that theoretical sampling was relevant in the earlier and later stages (Charmaz, 2006, p. 107) of the research, allowing the possibility of following new leads and to seek data to fit emerging theoretical perspectives. This helped '…to check, qualify, and elaborate the boundaries of data…' (p. 107).

Ethical considerations

Ethics approval was obtained from the Tasmanian Health and Medical Human Research Ethics Committee (approval number H0011860). This committee is required to comply with the National Statement of Ethical Conduct in Human Research. A consent form (see appendix 1) and an information sheet (see appendix 2) were developed and approved by this committee.

All participants provided their informed consent and were aware that their participation was on a voluntary basis. Participants were free to withdraw or discontinue their participation at any time. If participants decided to withdraw their contributions, all their information were to be destroyed immediately. None of the participants withdrew from the study. The participants were informed that the collected data would be kept for the purpose of this study only. Participants were also

informed that at the conclusion of the research project they will be given recognition for their participation by a formal letter of appreciation. All participants expressed an interest in reading the outcomes of this research. Once the requirements for the degree have been completed, participants will receive a paper that summarises the study.

In this research project anonymity and confidentiality of participants was guaranteed as per the approved ethics application. Confidentiality meant ensuring that findings are presented in such a way that the participants cannot be identified (Wiles, Crow, Heath & Charles, 2007). In this thesis every effort was made to guarantee that the data cannot be traced back to participants. Using pseudonyms for participants is well accepted as a technique to handle anonymity and confidentiality (Kaiser, 2009) and therefore was used in this study. Other strategies utilised included changing the gender and hence the identifying characteristics of participants. In this thesis the female gender in the form of names was used throughout to avoid the recognition of the few males recruited into this study. This study did not seek to explore differences between male and female participants and therefore this approach was deemed appropriate.

Data collection

In light of the research question a semi-structured interview technique was chosen with CNLs to enable the collection of in-depth data relating to nursing leadership learning. Interviewing is the data collection method of choice in many leadership studies as it provides in-depth data (Day, 2014). Outcomes of interview text provided thick descriptions of the leadership phenomenon under investigation from the perspective of the participants. Interviews varied in length, lasting from 35 minutes to 70 minutes in duration and 19 interviews were conducted over a period of 14 months (table 3). In the early stages of the data collecting process, some reservations were held about conducting the required interviews, as a novice researcher I had not interviewed research participants before. Preparing for the interview process became a good exercise in developing more confidence and expertise in this particular area of the study.

Interview Phases	Interviews	Date
Phase 0	**Pilot (2)**	**May/June 2011**
Phase 1	**1-3**	**July 2011**
Phase 2	**4-5**	**September 2011**
Phase 3	**6-8**	**November 2011**
Phase 4	**9-12**	**February/ March 2012**
Phase 5	**13-14**	**May 2012**
Phase 6	**15-19**	**August/September 2012**

Table 3: Interview phases

The use of interviews

Interviews are the most commonly used tool for data collection in qualitative research (Meyers & Newman, 2006). Interviews were used as a research method to gather information about participants' experiences, views and beliefs (Lambert & Loiselle, 2007; Turner, 2010) such as leadership learning. Interviews are a valuable technique for an interpretive mode of inquiry (Charmaz, 2006 p. 25). The main task in interviewing is to understand the meaning of what the interviewees say and to collect rich data (Charmaz, 2003, 2006, 2014; Kvale, 1996). Qualitative interviews can be a source of rich, in-depth descriptions, providing understanding and giving meaning to lives of human beings (Charmaz, 2006; International Training and Education Centre for Health, 2008).

Semi-structured interviews involve often a structure of pre-determined open-ended questions. The idea is that other questions will emerge from the discourse between researcher and interviewee. Hence, the question should become one of the interactions and the social constructions, achieved between the researcher and the participant

(Neal, 2009 p. 6). The participants in this study were asked to identify crucial learning occasions, which played an important role in the development of their leadership, identifying meaning generated from these experiences (Kempster, 2009 b). This technique and the use of open ended questions made allowance for unanticipated responses and issues to surface (Tod, 2006). Moreover, it allowed for the interviewee's reflection on personal experience of the topic learning to lead (Bridges, Gray, Box & Machin, 2008). This contributed to new knowledge in the area, allowing for richer and more textured data to be collected.

Inman (2009, 2011) argues that life history is a significant way of identifying the road to leadership learning. Inman (2009, 2011) proposes that human beings develop their values and beliefs over time and that experience influences how leaders learn to lead. Moreover, other scholars (Bandura, 1977, 1986; McCall, 2004, 2010; Parker 2002) have argued that critical incidents and engagement with role models contribute to (leadership) learning. Therefore, the interview questions at the beginning were focussed on these guiding assumptions. Participants were asked to reveal their memories in relation to leadership learning. These memories were specific events in CNLs' professional lives which could serve as an aid in discovering their accomplishments in reaching their place as a nurse leader (Clarke, 2002; Manaster & Mays, 2004). It is important to note is that from the experiences, an individual will recall only those events that have relevance to their situation (Adler, 1958). Interviews became a moment of deep reflection for many of them. The participant narratives or the ordered account of connected events contributed to a rich experience leading to a better insight into the matter.

Developing the interview schedule

The development of the interview schedule must construct questions that adequately reflect what the researcher is attempting to explore (Cohen, Manion & Morrison, 2007 p. 356). An interview schedule was developed based on the sensitising concepts and my research aims and objectives. Categories were utilised instead of a complete list of questions. This was in line with Polit and Hungler's (1995) suggestion that an interview schedule should contain an outline of categories that are pertinent to the study and that the questions are centred on these categories. As the study used a constructivist grounded theory approach, Charmaz's (2006 p. 26) suggestion was

followed, which is to devise a few broad, open ended questions. Charmaz sees constructing interviewing guides with these kinds of questions as particularly helpful for researchers, as it gives them and interview participants' direction. The other issue faced was that the ethics committee required a full interview schedule to grant ethics clearance. By designing one open ended question for each category, I was able to fulfil the requirements of the ethics committee but at the same time I had a semi-structured interview schedule in place, which was in accordance with a constructivist grounded theory approach.

The interview scheduled changed as a result of the analysing process, starting from the first set of interviews. In the first set of interviews I asked directly about learning. However, the word 'learning' may have carried the wrong message. CNLs found it hard to articulate learning. Doornbos and Simons (2001) developed a better approach to investigate learning processes hidden in practice, and suggested that participants should be asked indirectly about their learning process, by asking them about work situations. This notion was utilised and when the word 'learning' was not used and participants were asked about changes in leadership practice, participants became aware that they had learned from and in practice. When participants realised *what* they had learned, they began to articulate *how* they had learned (Doornbos & Simons, 2001).

Preparation for interviewing

Meyers and Newman (2006 p. 3) argue that a qualitative interview is treated as unproblematic in many doctoral studies. They debate that the importance of the qualitative interview is ignored as many scholars see it as a straightforward way of collecting data, which it is not. There are many components attached to the success of a qualitative interview, for example, how skilful the interviewer is (Barriball & While, Many scholars such as Birks, Chapman and Francis (2007), Roberts and Taylor (2002) and Uhrenfeldt, Paterson and Hall (2007) argue that it is strongly recommended that practice should be undertaken in conducting interviews before commencing data collection. Other scholars such as Bates, Droste, Cuba and Swingle (2008) have extended on this argument by suggesting a qualitative assessment approach before conducting an interview. From my point of view this may be too extreme. However, preparation is crucial as unpreparedness may lead to the potential richness of the data

being overlooked (McConnell- Henry, James, Chapman & Francis, 2009). Therefore, I decided to develop my skills.

To enhance my skills two digitally recorded pilot interviews were conducted. A common belief is that practising interviews will ultimately result in the development of expertise in interviewing skills (Donalek, 2005). Two interviewees who fell outside the potential participant cohort were interviewed. These interviews were conducted with senior nurses who did not meet the selection criteria. The data obtained from these interviews was not analysed or kept. During the first pilot interview an observer, one of my academic supervisors was present to observe my developing interview skills. The recordings were used as a self-evaluation tool so that questions and queries could be raised and discussed with both my academic supervisors (Barriball & While, 1994). Through reflecting on the activity we reached a conclusion that the interviewee was seeking positive acknowledgement and approval from the observer during the interview. This brought the interview process into jeopardy. The interviewee may have had ideas about what the researcher and in particular the observer wanted her to say and what the study was expected to produce (Hallberg, 2008). The observer was also able to give me constructive feedback after the interview. The feedback related to prompting the interviewee to elaborate on some of her answers by asking the question: Could you tell me more about this? Conducting the pilot interviews provided valuable experience and helped me to conduct a more in depth interviewing allowing for rich data to emerge.

Data analysis

In the previous section the method of data collection was described, i.e. the interview process. Interviews were recorded in a digital format and transcribed verbatim and each interview was analysed before the next was undertaken as shown in Figure 2. It is important to remember that an essential feature of a grounded theory study is that data collection, coding and analysis take place concurrently (Tavakol, Torabi & Zeinaloo, 2006).

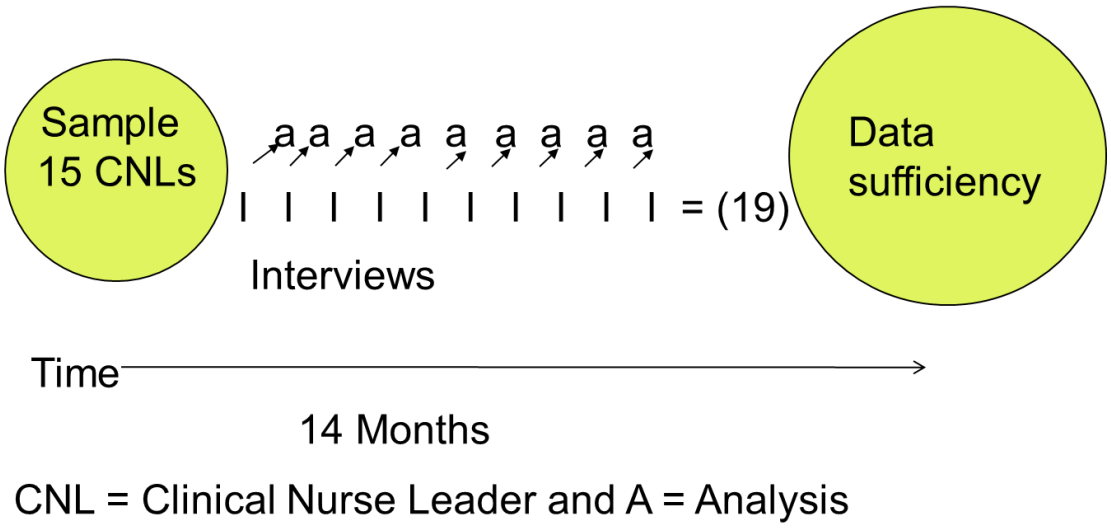

Figure 2: Research design

As a researcher it was important to remain open-minded to what may appear in the data and to remain reflexive in the data collection and analysis process. Data analysis was performed by using coding techniques and in constructivist grounded theory contributes to conceptual ordering, and then theorising (Charmaz, 2006). The process that was followed is depicted in figure 3. In addition, the analysis was conducted according to the constant comparative method, another central feature of grounded theory. Through the development of descriptive codes, abstracted into categories, developing concepts, comparing data with data, and connecting abstract concepts, a theory was generated that was grounded in the data (Charmaz, 2006). The coding of data consists of at least two major stages, labelled by Charmaz as "initial coding" and "focused coding" (p. 46). Charmaz (2006, 2014) uses the terms initial codes, focussed codes, sub-categories, categories and theoretical concepts. In line with Charmaz (2006, 2014) these terms have been used in this thesis.

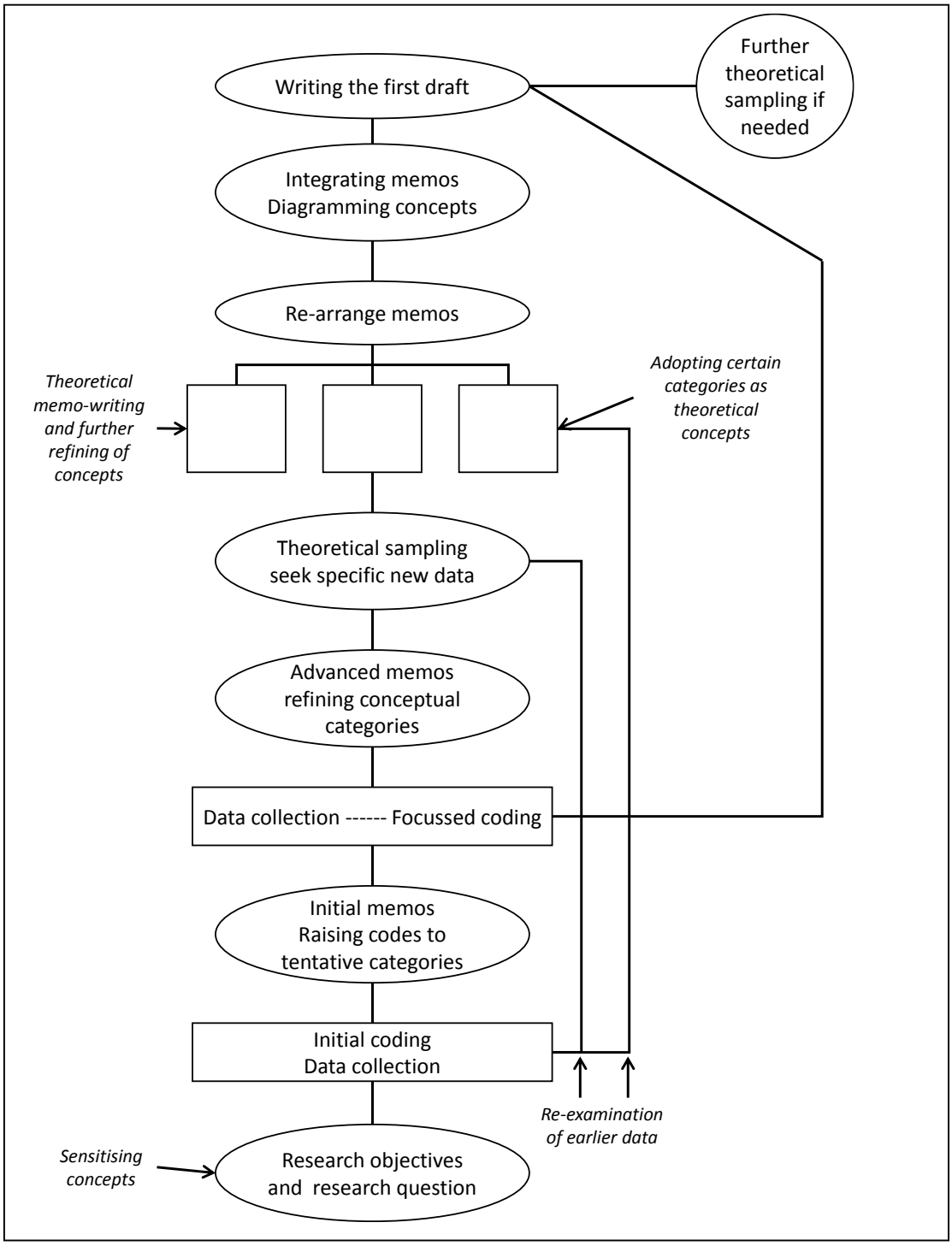

Figure 3: The grounded theory process (Adapted from Charmaz, 2006 p. 11)

Initial coding

Initial coding was the first stage of analysis of the data and started soon after the first interview was conducted. Charmaz (2006) regards the openness of initial coding as important, as it should assist the investigator to think and allow new ideas to become

known. Charmaz (2006 p. 48) recommends that initial coding should be performed rapidly, with "spontaneity", and include gerunds (action words). Coding was performed '…line-by-line segment-by segment and incident-by-incident…' (Charmaz, 2006 p. 51). These approaches served as flexible strategies, particularly in line-by-line coding. The approach involved splitting up the data into portions, giving descriptions to actions, considering taken for granted assumptions and inherent actions and meanings, thereby creating a synopsis of the important issues (Charmaz, 2006 p. 50). Examples of initial codes are presented in table 4. *Learning from others* and *from experience* played a role in the CNL's learning journey and these codes emerged early on in the analysis.

These initial codes used participants' language and this was referred to as in vivo coding. All initial codes were in vivo, since it maintained meanings of the views and actions of participants (Charmaz, 2006 p. 55). It is further argued by Charmaz (2006) that studying these codes allows the researcher to develop a richer understanding of what is taking place and what it means. The coding examples mentioned in table 4 clearly summarised for me the significant parts of the data.

• starting at the same time	• being available
• being part of the team	• clinical work
• knowing your staff	• lifting the standard
• standing up	• role model
• working with people	• open door policy
• going the other way	• clear expectation
• learning the hard way	• getting the team to do it
• wanting to be me	• friends at the same level
• learning to respond	• re-marking the boundaries
• bringing in the group	• the go-between
• seeking people out	• working together
• not being like her	• being at the receiving end
• learning about yourself	• lots of study
• thinking outside the box	• flying off the handle
• learning the process	• free reign

Table 4: In vivo language

The codes helped in the discovery of patterns and contrasts (Charmaz, 2006 p. 55) and this certainly occurred from the second interview onwards. Furthermore, and maybe more importantly as a researcher detaching yourself from preconceptions can lead to seeing the occurrences in a new light (Charmaz, 2006, p. 55). This new light was *learning from courses* and *reading*, previously assumed to be of less relevance. These codes became more prominent in the findings and eventually developed into a theoretical concept.

Focused coding

Focused coding is the second major stage in coding and took place as a continuation of the initial coding. It is the next step in determining that some codes as meaning units are more important than others. Using the most significant initials codes meant ignoring the other less important codes. A code such as *lifting the standard* was ignored as it was of less importance to the CNLs' learning journey. Charmaz (2006) notes the significance of the researcher in deciding on which codes to concentrate. The constructivist grounded theory approach, proposes that there are a number of ways to make this decision (Charmaz, 2006). Concentrating on salient codes occurred in two ways. The first one was to use frequent earlier codes to sift through large amounts of data. The code *using clinical expertise* was a good example as it made analytic sense in categorising the data. This helped deciding which category would be appropriate for the grouping of focused codes. The second technique was trying to comprehend that certain codes were holding clues across multiple events, and was achieved by looking at more complex patterns. The code *learning from observation* indicated that it was used in a variety of events such as *learning to handle staff members, determining the value of somebody's actions* and *within courses*.

Constant comparative technique

Constant comparison is fundamental for grounded theory procedures (Charmaz, 2006), and it is this technique that differentiates grounded theory from other interpretive research approaches (Birks & Mills, 2011). It is part of the process of concurrent data collection and analysis and is used to see if the data supports the developing categories (Holton 2007, p. 277), aiding the progress of the analysis. In this study the use of the constant comparative technique started from the first data collected, through all the

stages of coding, by constantly comparing data-to-data, data-to-categories and category-to-category (Mills, Chapman, Bonner & Francis, 2007). By using this technique the emergence of conceptual ideas was able to be progressed.

The way coding occurred in Chiovitti and Piran's (2003, p. 429) grounded theory study resonated with me. The authors' notion of participants' data earning its way into the theory '…when constant comparisons of data revealed the repeated presence of specific content areas' (p. 429), is an interesting way of looking at the data. Often the data being present in the final rendering is not the same as at the start.

An example of "earning its way into the theory" by using the constant comparative technique related to the topic of guilt. Early in the research stage, participants spoke about guilt as a motivator for undertaking leadership actions resulting in learning. After the first couple of interviews had been coded, it was noticed that participants expressed guilt as having an impact on their learning journey. At that time it was thought that feelings of guilt were going to make an appearance in the theory and I was convinced that an interesting new lead had been discovered. This lead would be a new discovery in the way CNLs learn to develop their leadership skills. Unfortunately, this data led to a dead end as the other participants when asked about guilt did not confirm the notion of guilt in the interviews which followed. It was quickly realised that this would not form a part of the theory. The constant comparative technique focussed on further refining and continuing to develop theoretical concepts. Memos formed a central part of the constant comparative technique, as they linked my thoughts with the emerging categories.

Memo writing

Memo writing is noting ideas separate from the data. The intention is to focus on relationships between codes and their properties (Boychuk et al., p. 609). Memo writing is regarded as an essential element in undertaking grounded theory research. It is the crucial intermediate step between gathering data and drafts of papers (Charmaz, 2006) and stimulates the researcher to undertake the process of analysing the data and codes early on in the investigation (Glaser, 1978; Straus & Corbin, 1990, 1998; Charmaz, 2006).

Memo writing was conducted concurrently with data collection and coding. These were also used to exemplify the process of constructing the developing theory. Stern (2007) argues that data is the building block of the theory under development, and the memos can be seen as the mortar. Throughout the research process, memos were written expanding the codes by identifying the properties, the conditions under which the code arose, and the comparisons with specific data and other codes (Charmaz, 2006). This process encourages researchers to record and develop their ideas at each stage of the research project (Charmaz, 2006, 2008).

Memo: Leaving leadership development through life history behind

After analysing 8 interviews I came to the realisation that learning how to lead is not much influenced by life history outside work. Leadership through life history was one of my assumptions I took to the study. The data has revealed that influences and experiences from the past play a role in leadership development, but they are situated within the work environment. After 12 interviews this finding remained unchanged. Previous experiences such as being an educationalist, councillor and hotel manager all played a role in the learning journey.

January 2012

Memo writing continued throughout the whole process of analysis, and more advanced memos have been incorporated within this chapter to show the creation and refining of my thoughts. The memo above serves as a sample of refining my thoughts about leadership and life history, as it was suggested that life history outside the work environment can play a role in leadership learning. However, this notion was not applicable to my participant group and therefore this idea was left behind.

Theoretical sampling

Theoretical sampling relates to the notion of collecting more data to illuminate theoretical categories (Charmaz, 2008 p. 103) with participants being selected on the basis of the emerging concepts (Morse, 2007). Furthermore, Birks and Mills (2011) '…define theoretical sampling as the process of identifying and pursuing clues that arise during analysis…' (p. 69) and to discover gaps in the data. Theoretical sampling is used as part of an iterative process by which the researcher moves back and forth

between collecting and analysing data. As a researcher this done by seeking more participants or asking earlier ones about experiences that may not have covered previously (Charmaz, 2008. p. 104). It has been debated by reviewers of grounded theory studies that many researchers provide little evidence of theoretical sampling (Parahoo, 2009). It is argued by Parahoo (2009 p. 6) that it is important to explain why theoretical sampling was undertaken. The following section will provide this explanation.

It was through engagement with the data that the need existed for clarification in certain areas. Charmaz (2003) proposes that theoretical sampling is to refine ideas without expanding the sample size (p. 265) in order to enhance conceptual and theoretical development (p. 101). She further suggests that researchers can return to the same participants. It was felt that some insight into how CNLs integrated formal information into their learning journey was not entirely clear after 15 interviews. This was in the later stage of the research. Instead of interviewing new participants, it was decided to re-interview some of the earlier participants (4). This allowed the development of focussed questions and new insights (Charmaz, 2006. p. 108) regarding how the participants used formal information in their journey to leadership. This strategy allowed for the identified gaps to be filled. *Integrating formal information* was raised to a category early on in the analysing process and developed into a concept after analysing the additional data. It was through the use of theoretical sampling and by interviewing four previous participants the category became clear and was raised to a theoretical concept. It became apparent that this integration of knowledge contributed to the CNL's development. Moreover, this form of learning was active and required operational cognitive functions to use information.

Recently, Charmaz (2014) has moved away from her earlier position of employing theoretical sampling from the start, as she currently takes the stance that theoretical sampling only becomes of value once your categories have been developed. However, Birks and Mills (2015) argue that concepts will begin to take shape from the earliest stage of analysis and that theoretical sampling should be used from the outset. In this study, theoretical sampling has been employed from early on in the study. Examples of this sampling include the tentative categories: *friendship*, *learning from others* and *re-marking the boundaries.* Although not all of them remained a category in themselves, they were identified as having a role in leadership learning.

Reaching data sufficiency

Grounded theory research does not have a set standard to inform the researcher when the collection has reached an end and when theorising is complete. Therefore, vital in grounded theory is the concept of "saturation", recognised by prominent grounded theory scholars such as Glaser (1978, 1992) and Strauss and Corbin (1990, 1998). Claims that saturation affects the credibility of the study have been put forward (Charmaz, 2006 p. 114). The concerns of many grounded theorists of when to stop collecting data were shared in this study. Saturation comprises the gathering of rich data to the degree where the collection of new data provides no new theoretical insights and new codes are no longer produced. Researchers '…finish data collection when they have enough data to build a comprehensive and convincing theory' (Morse 1995 p. 148).

Saturation determines the sample size. However, there are also other aspects that need to be considered. Charmaz (2006 p. 114) proposes that the research design ultimately is driven by the objectives of the study and consequently the sample size. She further proposes that small studies producing "modest claims" may achieve saturation faster than a study that is designed to describe a process that covers multiple disciplines. For example, describing leadership learning in a cohort of CNLs instead of describing universal leadership development. However, Dey (1999) as noted by Charmaz (2006 p. 114) challenges the notion of saturation. Dey (1999 p. 257) argues that the term saturation is incongruent with a procedure that '…stops short of coding all of the data…' and relies on the researcher's conjecture that the properties of the category are saturated. Dey's (1999) preferred term is theoretical sufficiency (p. 257) rather than claims of achieving saturation (Charmaz, 2006 p. 114). This notion of theoretical sufficiency found support in this study and therefore this terminology was adopted into this research. Through discussions with academics, critical reflection, using the constant comparison technique, and theoretical sampling, the meaning of what data sufficiency is, in relation to this study became clear.

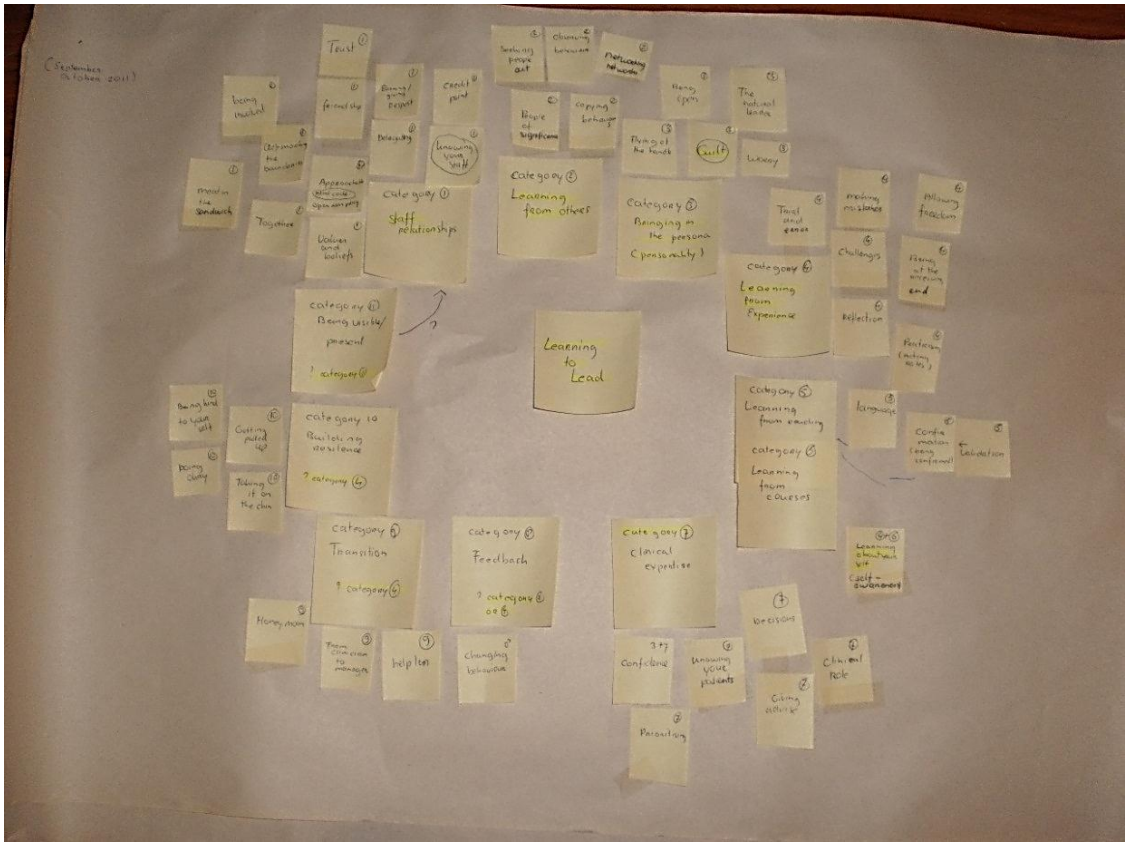

Figure 4: **Photo 1 Sticky Note Coding September 2011**

Building categories

The development of categories, from initial codes through to focused coding, involves steps from transferring concrete data into abstract concepts. During the course of time, '…each new item of data produces less and less change in those abstract concepts and they become stable…' and '…the categories on which they are based become fully connected with other categories…' (Muller & Kogan, 2010, p. 30).

Building categories involves being open for what is occurring in the study. It also involves handling occurrences and when difficulties arise, going back and recoding earlier data to determine if new leads can be defined (Charmaz 2006, p. 115). Building categories by using a systematic approach of coding manually and electronically, a better understanding of what was happening in the data was reached. This system seems repetitive, but this repetition aided the ability to view the data with different eyes. The use of diagrams assisted in making sense of the collected data. After the completion of three interviews, the ordering and sifting of the emerging codes and categories took shape by using an interactive diagram (figure 4 and 5).

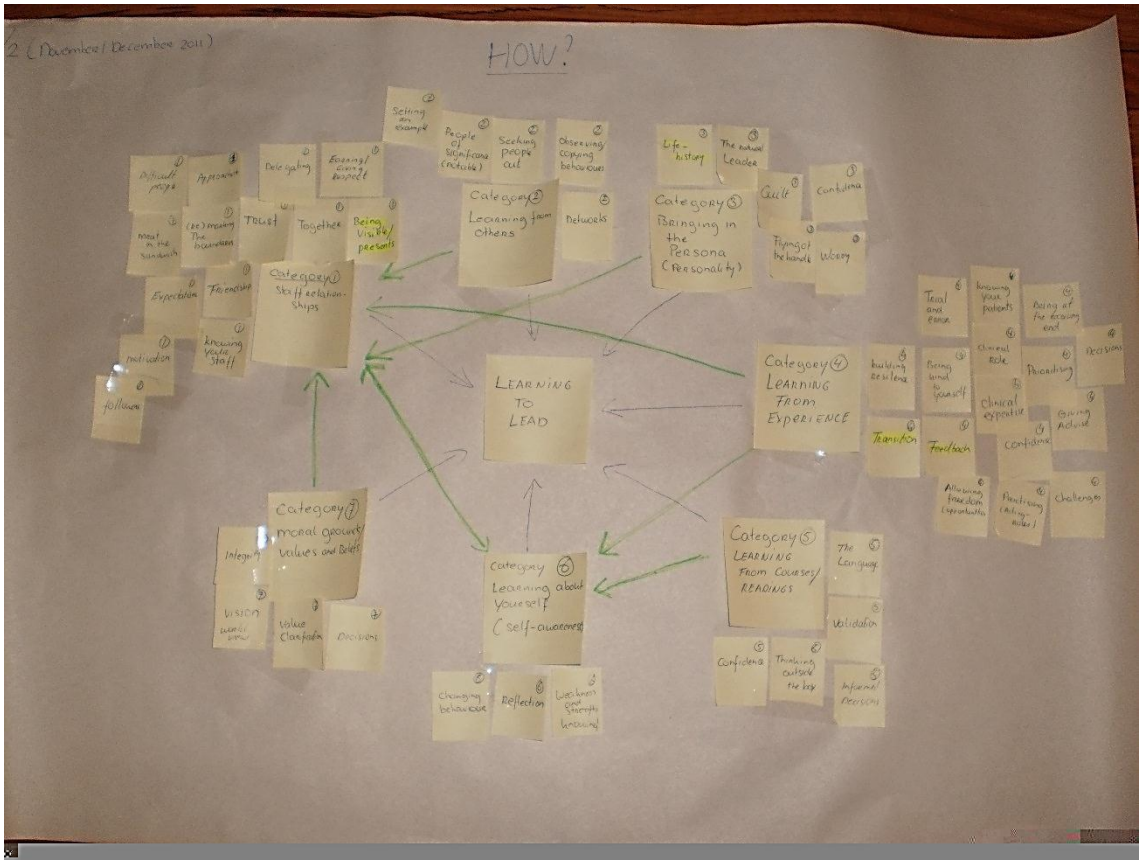

Figure 5: **Photo 2 Sticky Note Coding December 2011**

Lines were drawn between categories to highlight the relations between the categories, establishing '…a visual representation of categories and their relationships…' (Charmaz, 2006 p. 117). Butchers paper and sticky notes were used until the moment of introduction to the software program QSR NVivo9. The software featured the option of creating diagrams electronically as seen in figure 6. Although the entry of data and coding in QSR Nvivo9 was considered to be time consuming, it allowed for easy sifting, sorting and discovering of relations between categories (Hoare, Mills & Francis, 2012).

From interview 3 (July 2011) onwards, salient categories were developing, including 'staff relationships', 'learning from others', and 'learning from experience'. After interviews 4 and 5 (September 2011), a further refinement took place. Interviews 6-8 (November 2011) led to five key categories: *learning from staff relationships*, *learning from others*, *bringing in the personae*, *learning by reading/courses* and *learning by doing*. Through theoretical sampling, the focus was narrowed onto these emerging categories, which assisted in developing and refining them (Charmaz, 2006 p. 107).

These categories started to fill by expanding their properties and dimensions and were raised to theoretical concepts.

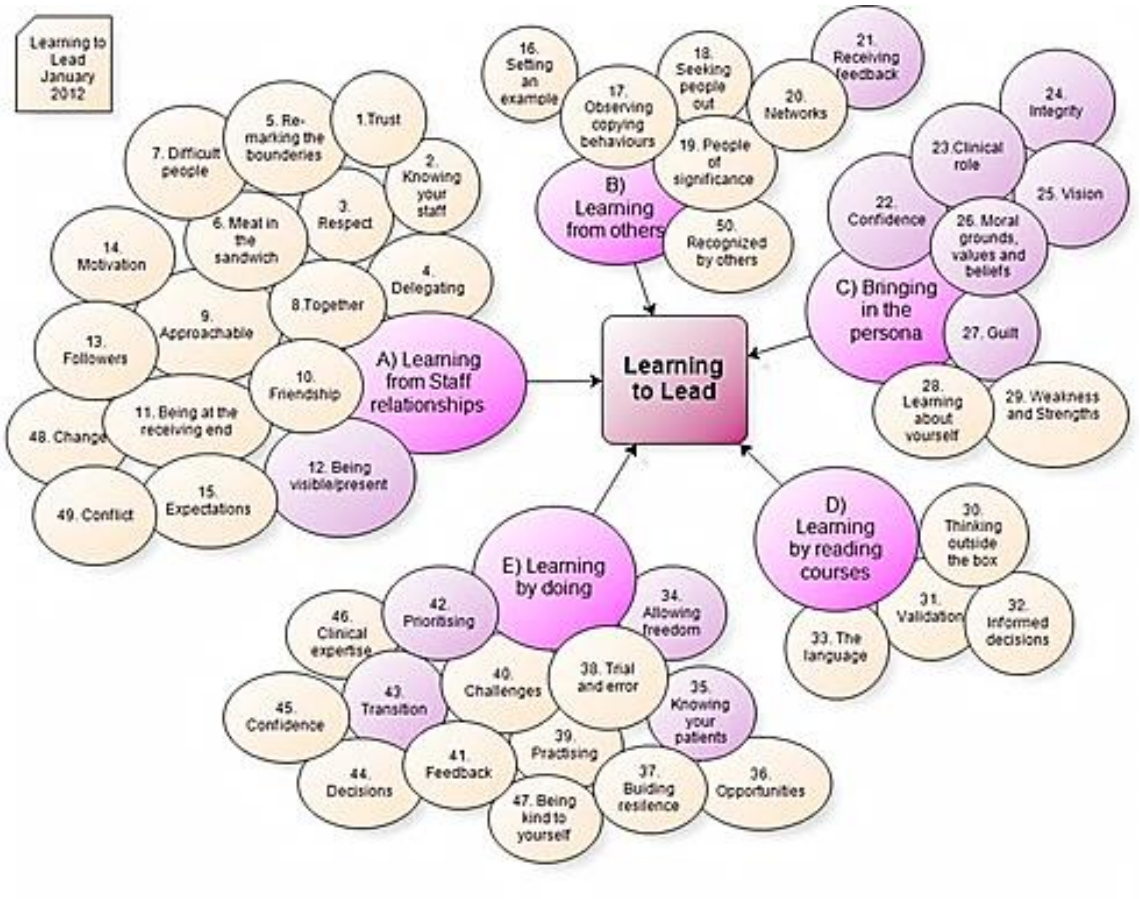

Figure 6: Nivo9 Coding

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For grounded theorists the literature is seen as a form of data. However there is a risk that the literature can be used to force the research in a certain direction and give a false impression that data sufficiency is reached. This was my experience at one point.

Through a reflexive stance, openness and awareness of the issue I took the appropriate actions by returning to the interview data. This issue encouraged me to write the memo below.

Memo: Staying close to the data

> As a result of a recent supervision meeting, I have come to the realisation that using literature at this stage of my research may inhibit the theory solely emerging from the data. I have removed the learning theories from my analysed data. There is a possibility that the literature and interview data will integrate. Grounded theory has developed over the years and Birks and Mills' (2011) practical guide has contributed to new ideas. One of their ideas is to use literature in the analysing phase and use it as data. I may have taken this too literally and too early in the analysing process. I need to stay true to the constructivist grounded theory approach. I have decided to delve into the literature after completion of my analysis.
> June 2012

As a result of this changing point of view, the interview data were closely examined. Furthermore, it also meant revisiting and listening to the recorded interviews again, while reading the transcripts at the same time. It was amazing that after continuous reading and comparing data, new questions came to the fore; such as: Can meaning derived from the established categories lead to a substantive theory? The conclusion was reached that more data were required to create a better understanding of the properties and dimensions within the categories and theoretical concepts that had emerged. The categories *learning from courses*, and *learning from others*, appeared to have a small variety of properties and dimensions. In spite of using the principles of constant comparison, no new properties had emerged from the existing data. The decision was made to conduct more interviews and use the emerged categories to undertake theoretical sampling.

Interviews 9-12 (February-March 2012) created new insights into the matter of leadership learning. The most surprising discovery was the denying of learning; which entails a participant believing that she had not learned any new skills while in a formal leadership position. This was a variation in the data, which occurred within some

categories. This notion became part of how participants responded towards learning opportunities. Thereafter, the previously described categories/theoretical concepts started to fill and most of them remained intact with the exception of *learning from others*, which was absorbed into *recognising significant people's impact*. During this phase, *being in the work milieu* started to take a predominant place, and this category was adopted as a theoretical concept.

Interviews 13-15 (May 2012) confirmed the findings from the previous interviews and at this stage there was a sense and a feeling of reaching data sufficiency. This feeling was expressed in the memo below.

Memo: Falling together

> During the last interview everything fell together. As I was listening to the participant I could place her words under the emerged categories, constructed from previous interviews. I could see the developed explanatory model in front of me as I put the pieces of the narrative puzzle together. In my mind my hand went from one corner of the model to the other corner as I analysed the unfolding story and placed the pieces.
> August, 2012

Soon after analysing and sorting the interview data of interview 15, a start was made in writing a findings chapter in draft. However, some questions came to the fore, particularly in relation to the theoretical concept of *integrating formal information* which led to more interviews. These questions arose by being sceptical about how much can be learned from formal information or education. The concept was not regarded as an opportunity for leadership learning. These ideas were coloured by a large amount of literature questioning the use of formal training. Some scholars (Drewitt, 2008; Haskell, 2000; Goldstone & Day, 2012) believe that what is learned in the class room does not easily transfer into practice and that learning mainly occurs in the workplace (Merriam & Leahy, 2005). My view changed as it was the contention of participants that formal information contributed to their leadership learning, but participants also expressed the view that it is impossible to learn all that is required to know from this source. Participants benefited from attending various courses. After interview 19 no new theoretical insights were uncovered, therefore in my judgement,

data sufficiency was reached. Once again, the term "sufficiency" was chosen, as it allowed for the emerging of a substantive theory to occur. Complete saturation may never be reached as there will always be some small new findings, however these would not affect the emerging theory.

Theory building

The last phase of analysing was theoretical coding. Through the use of the constant comparative method all main categories and focused codes came together to form the major theoretical concepts. These codes help the researcher maintain the conceptual level in articulating concepts and their interrelations (Charmaz, 2006; Holton, 2007). The purpose is moving the 'analytic story in a theoretical direction' Charmaz (2006, p 63). All main categories and codes were compared and memos were sorted to identify how they all related to each other to enable the development of a theory. The conceptual relationships started to become apparent in the stage of building categories, but became clear in the theory building stage. In this study *recognising the impact of significant people, optimising staff relationships, integrating formal information, reflecting, discovering behaviours, deciding to work on behaviours or electing not to, choosing deliberated behaviours, bringing in the personae* and *being in the work milieu* can be regarded as theoretical concepts. They form the basis for an abstract understanding of the findings and are interwoven in the developed theory.

Theory is '…an explanatory scheme compromising a set of concepts related to each other through logical patterns of connectivity' (Birks & Mills, 2011 p. 112). Theory building or constructing became one of the most challenging undertakings of this research. It took a long time to develop a plausible explanation of what was occurring in the data. Theory building depended strongly on finding the social process. The memo on the next page describes my struggle with the discovery of the social process.

Process is commonly referred to as a linear and sequential series of steps or phases. This is the case with leadership learning, when enacted as a process, it is also involves emotional and relationship management. It places special emphasis upon the relationship between the CNL, staff, significant others and the close connections that influence their joint participation in the leadership development process. Social processes hold similar characteristics in that they must be all-encompassing and that they reflect and summarise the set of behaviours which are core to, in the case of this

study, learning to lead. The social process was accelerated from the moment they moved into a formal leadership role. Although the leadership development started much earlier, the focus of the conversations was in relation to the formal leadership role. The trajectories of each of the CNLs who participated were unique, but there were also many similarities, and both contributed to the collective story.

Memo: Discovering social process

> One of hardest parts for me in this study was identifying the basic social process. I realised that learning and change had occurred, but the process was well hidden in the data. Participants did not refer to change in terms of phases and it was I, as a researcher, who conceptualized this change into stages by linking the categories and concepts. I realised that a lot of critique in relation to grounded theory process concerns a linear sequence of events. The discovered process is sequential in nature, but also complex, as not all the phases relate to all participants. Some participants did not follow the phases until a positive result had been achieved. Delving into the literature was helpful to find out what a process was. I became aware that a process can be progressive (stages). The literature made me feel confused as the constructivist stance moves away from the term process. At times I felt frustrated, as it seems that many scholars use their own terminology, but through discussions with other academics and taking into consideration some of the older constructivist ideas, I was able to determine my own stance.
>
> March, 2013

Process is considered the essence of grounded theory which was also the case with the discovered social process in this study. However, grounded theorists working within a constructivist paradigm may distance themselves from the linguistic term of 'social processes' to concentrate the grounded theory approach to generate '…a conceptual analysis of patterned relationships…' (Charmaz, 2006 p. 181). Although this study was constructivist in nature, the language of process was appropriate. Within this research coding for actions took place which allowed for looking for stages, contributing conditions and consequences of those actions. This was in line with Charmaz's earlier work in relation to exploring chronic illness (Charmaz, 1990). Some grounded theorists believe that a process implies a beginning and an end, an

antecedent and a consequence that has some level of causality (Schreiber & Stern, 2001 p. 4). In this study a process entailed a series of actions or phases leading to change, as seen in the generated theory.

Furthermore, taking into consideration that focussing on processes is central to the grounded theory approach and this study, Strauss and Corbin (1998, p. 179) clarify the importance of process:

> … bringing process into the analysis is essential. Process can be the organising thread or … it can take a less prominent role. Regardless of the role it plays, process can be thought of as the difference between a snapshot and a moving picture … Theory without process is missing a vital part of its story– how the action/interaction evolves.

A grounded theory study focussing on processes will result in new concepts around which those processes are organised (Hood, 2007). Theory emerging from this process would do much more than depict the ways CNLs develop. Through the focus on process a mechanism underlying that development has been shown (Hood, 2007). This became even more apparent through discussions with academic supervisors and other researchers, who warned against the risk of the study evolving into a descriptive one. The active focus on process has allowed the organising thread to emerge. The identification of the social process was achieved through applying grounded theory methods. Knowledge generated from this study emerged from the collected interview data and through analysing and conceptualising.

Summary

A constructivist grounded theory approach was used in this study. No known deviations from this approach occurred. From the start of the investigation, it was relatively straight forward to determine the participants who would be knowledgeable about the topic. Harper's (1995) and Cook's (2001, 2004) definitions of Clinical Nurse Leaders and the Agency's Statement of Duties were helpful in determining the participant group. Fifteen participants were recruited into this research, by using a method of purposeful sampling. Ethical concerns were addressed in this study by maintaining anonymity and confidentiality of participants' contributions.

It was beneficial to practice and enhance my interview skills before data collection, as the feedback and self-reflection led to becoming more knowledgeable and experienced

in this area. Without this practice the opportunity to collect some important data may have been lost. Semi-structured interviews were conducted based on a flexible interview schedule, modified through theoretical sampling. Through my reflexive stance I was able to follow hunches, which sometimes led to new data and at other times led to a dead end. I considered this journey of following leads as an exciting part of the research, as it stimulated me in trying to get to the bottom of emerging issues. Theoretical sampling also made it possible for me to conduct a second interview with four participants, to fill properties and dimensions of the emerging theoretical concepts. Data sufficiency was reached at 19 interviews, based on my judgement as a researcher. Within grounded theory the richness of the data and the researcher's critical thinking and reflection lead to data sufficiency.

Data analysis was conducted by utilising Charmaz's (2006) approach of initial coding, focussed coding, using the constant comparative technique, memo writing and theoretical sampling. Some of these memos have been provided in this chapter, giving insight in my thinking processes. Interactive diagrams were used to establish the connections between codes and categories, helping to make sense of the data. Categories and concepts emerged and through linking logical patterns of connectivity a substantive grounded theory was generated. In addition, these analysing methods and conceptualisation resulted in an identifiable process, which is core to the theory. The next three chapters will present the findings of this research.

Chapter 5: The opportunities in practice

Introduction

This chapter is the first of three findings chapters and presents the occurrence of learning opportunities in practice, including the major concepts with their categories. The second findings chapter presents the social process in which CNLs were involved. The third findings chapter sets out the personal and context related learning enablers and disablers. The *opportunities in practice*, the processes and the enablers/disablers were central to this research. All concepts are interrelated and together they provide an understanding of what has occurred in the data. The findings diagram (figure 7) represents the theoretical concepts and main categories. Having the findings presented in this way provides the reader with an understanding of how all components fit. The column on the left is presented in this chapter. The middle column is presented in chapter six and the column on the right is presented in chapter seven. The opportunities in practice as presented in this chapter entailed three major experienced events with underlying sub events. They have been identified as theoretical concepts namely: *recognising the impact of significant people*, *optimising staff relationship* and *integrating formal information*.

Opportunities in practice

The phenomenon *opportunities in practice* including its concepts have been constructed as a result of grounded theory analysis. The opportunities in practice described by participants arise from and within the work milieu. It was discovered how CNLs used these opportunities as a learning approach to develop as a leader. The opportunities as presented led to a natural leadership progression as identified by one of the participants, Cor:

> *Clearly you* are *probably starting to demonstrate some leadership skills on the ward because you are a more experienced person and so that is I suppose people need opportunities to get that natural progression (Cor).*

The opportunities played an important role in the journey of learning to lead. The drive to become more knowledgeable and to grow professionally has been the catalyst for transforming opportunities into learning experiences.

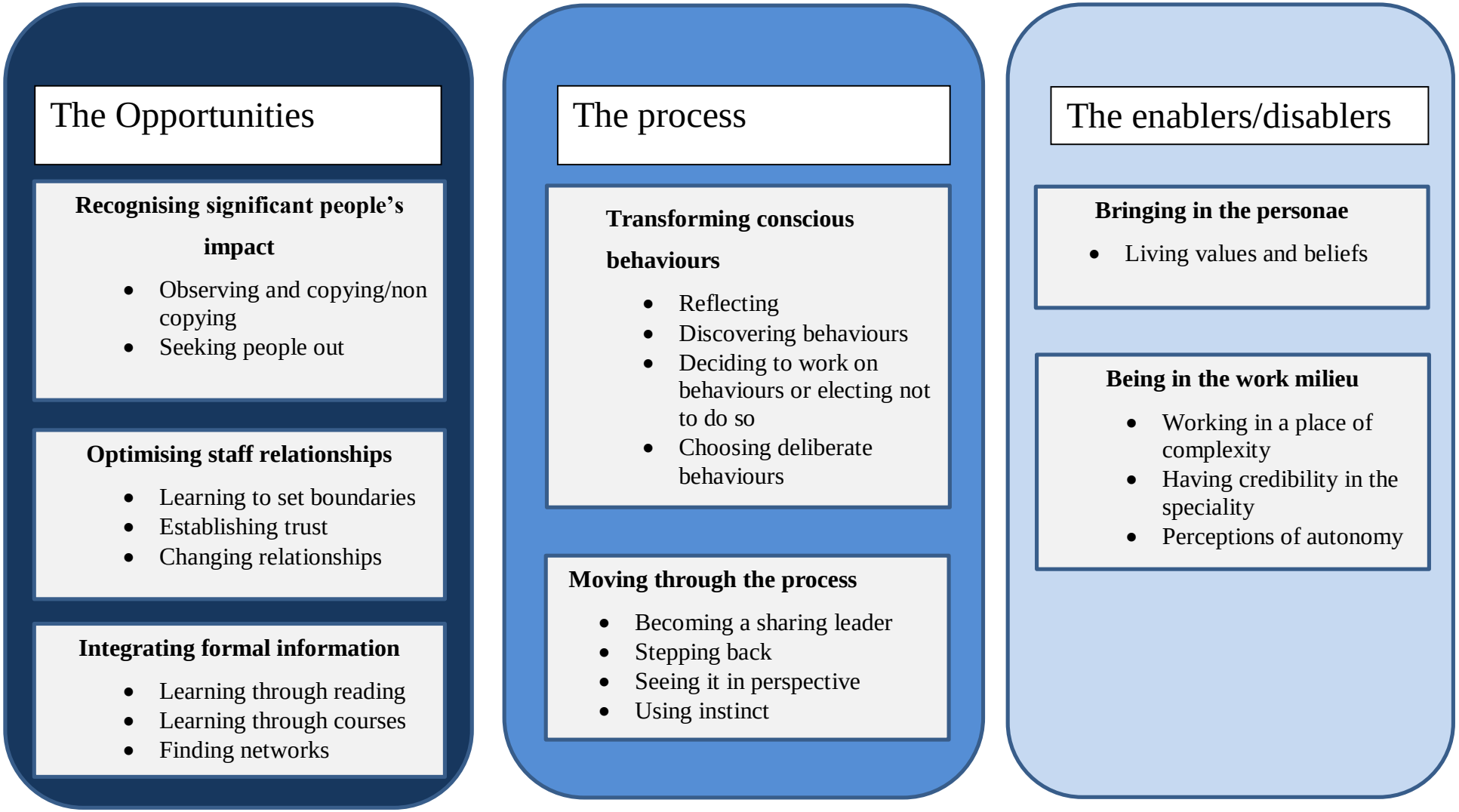

Figure 7: Findings diagram

Being open to experiences and the drive or motivation to learn and succeed as a leader has been revealed to be important in leadership learning. Many CNLs vigorously searched for opportunities in practice, like Claire.

> *Put me forward to have those development opportunities. I have always taken them and never, never been on the back foot about it but I have certainly been given the opportunities as I have gone along (Claire).*

By being motivated, Claire was given more opportunities which she used to enhance her skills, creating a snowball effect with more and more opportunities presenting themselves. Others took the opportunity to act in higher roles and used that experience for their leadership development.

> *Working up on the first floor, and seeing a different management style, like working more closely with the CEO, things like that, I think was a good opportunity, for me to see some things I liked in managers and did not like in managers. So when I came back to my role ... was able to bring some of those things to the role as well (Jane).*

The first floor refers to the location of executive management. Jane observed these formal leaders by being in the acting role, giving a broader view on her own management and leadership style. Opportunities also related to the notion of grabbing them as soon as they were presented. Some CNLs displayed a proactive stance in ensuring that they would be exposed to a variety of opportunities.

> *I came off the floor. I recognised this as a new challenge and a new skillset and having the opportunity at such a young age, really, for such a big service, I was very keen to have a go at this… (Barbara).*

It became clear that participants needed opportunities to grow in their leadership. They were regarded as a vehicle for further progression. Opportunities were often provided by others. The next quote stresses the importance of progressing past a certain level and gaining experience in management and leadership by acting in higher duty roles.

> *I think that all those people supported me and gave me opportunities and that I take on board that, giving people opportunities… you can always keep people at a certain level and not let them progress, or you*

> *can give them an opportunity to do something different. So those sorts of people gave me opportunities to fill in management roles, and encouraged me to do those sorts of jobs (Johanna).*

Johanna's quote emphasised the role others played in providing these opportunities. Opportunities differed from individual to individual and from situation to situation as the exposure occurred in the context of the person involved. None of the participants described the exact same sequence of events, and each opportunity was different in nature. However, it has become clear that a cohesive and shared narrative has emerged, which underpins the findings of this research. One of the first identified opportunities in practice is: *Recognising the Impact of Significant People*, comprising the categories *Observing and Copying/Non Copying* and *Seeking People out*. These two categories represent different properties and dimensions of this theoretical concept and together indicate the importance of the role significant people played within the CNL's professional life.

Recognising the impact of significant people

The theoretical concept of *Recognising the Impact of Significant People* (previous managers, peers and close relatives) was raised from an initial code to a theoretical concept as it emerged from all interviews. CNLs articulated in particular the deep impact previous managers had, and the important role they played in their professional development. Significant people were identified through a shared language, such as *role models, people standing out, important people and really good managers*. Significant others are seen as role-models by many CNLs. They described role-modelling being congruent with expectations of how to behave to be an efficient and effective leader, for example, by *helping in lifting the standard of care (Kay).* In some cases relatives played a role in the learning journey. The following quote illustrates the impact that a close relative had on the participant.

> *I actually worked for him so I could see how he practised … and more on reflection, through my 20s, I saw how much of an impact he had on me and the way I view things. It was not something I could identify at that time (Barbara).*

Barbara has demonstrated an awareness that the influence of this person may follow much later on in a CNL's professional life. For example, Barbara became aware that she was using adages in certain situations, which originally belonged to this significant person. *"I am happy to support you, but go away and try to find out for yourself first"*. Barbara was using this notion to encourage staff to work things out for themselves, instead of providing them with an immediate solution. Barbara encouraged staff to engage in critical thinking. In the section below I will elaborate on the meaning of this theoretical concept in more detail.

Throughout their careers CNLs believed their development as leaders was influenced by significant people in a variety of circumstances. Jane came in contact with managers while she was progressing in her career. Jane reflected on what she observed and arrived at the conclusion that some managers were *worthy* of imitating. This notion of worthiness depended on what Jane perceived as positive or negative. Positive actions were considered to be incorporated into own practice.

> *I had a few managers over my time. Some have been people that I have wanted to role model myself on; some are people that I have definitely not wanted to role model myself on … (Jane).*

Perceived positive behaviours displayed by managers involved the engagement with staff, such as including them in decision making processes. This notion was called '*doing the work together'*, which alludes to inclusiveness of all staff in the delivery of patient care.

The contact with these *people of significance* took place in idiosyncratic ways as CNLs met these people through courses, meetings and in practice. At times, exposure to significant people was short, but at other times the exposure could last for years. However, the impression left behind had caused a lasting impact. Interestingly, many participants could recall and define the exact moments of learning involving significant people. These moments of learning involved the positive impact of coaching.

> *I remember my manager of the ward… I probably really needed that structure at that given point of time. I remember a couple of incidents where I had not really thought it out and she came and was supervising me … the way and manner that, that she did bring up that*

I could have, or how I could have done something differently. In this way I learnt a lot... (Cor).

This quote was an example of significant people's interactions with the CNLs stimulating reflection and learning. Furthermore, these significant people encouraged critical thinking, resulting in alternative actions. Another example of learning concerned the development of social skills, as seen in the story of Trudy. Handling changes in the environment, particularly concerning alternative models of care was found challenging. Trudy was required to convert in understandable terms the direction set by the executive management team to her staff. Trudy had no influence over the decision made to change the models of care, which was felt as uncomfortable. In particular, the resistance in relation to this change, expressed by staff was an issue for her, as she felt that it could easily end in a conflict situation. One of her peers she worked closely with possessed good skills in handling people. This person would use sayings that would deflate conflict. By observing, and through discussions with this peer, Trudy improved her social skills. She learned to deflate pressing situations by using the observed actions and behaviours. Prior to this learning she would have felt uncomfortable engaging in these social exchanges. In addition, she learned to deliver messages in a non-threatening way. Trudy found that her peer had a very good 'knack' of trying to sort out problems. This person's preferred slogan was: "Hang on a minute here, and we are all looking for the same outcome or working for the same good".

I admire that in him and it rubbed off on me (Trudy).

This learning experience was in line with how Beverly experienced the help of a significant other. Beverly worked often with this person and she covered for her for long periods in times of her absence. Beverly learned to know this person's management and leadership style, which she regarded as effective.

She is a really good manager, so I like her style of leadership so I have adapted a lot of it to how I need to do it (Beverly).

The adapted style was particularly useful in managing difficult behaviours of others. This significant person possessed well developed skills in diverting escalating situations through setting up open discussion forums and by keeping staff responsible for their own behaviours. Staff taking responsibility for their actions was achieved by referring to the existing policies and protocols. The positive outcomes of this style

gave Beverly the confidence to apply it in her own situation as she had previously observed the positive results of the displayed leadership behaviour.

> *Knowing from her style of management that I actually felt confident from learning from her that I could go ahead and manage this very difficult person (by using protocols and policies) and to get really positive outcomes that she has actually completely changed around to how she was working (Beverly).*

When asked how is it that this significant person's leadership and management style is successful in extracting the best out of people, Beverly replied:

> *She just knows it all! I think in her style is that she - and where she learned from - an awful lot of research , but knowing the right ways to go about the approach and what is in the award and you have got to comply with the award (Beverly).*

This learning mainly concerned gaining knowledge of human resource processes. The significant person helped Beverly to acquire knowledge and experience in this area, as she encouraged Beverly to learn and ask questions in relation to maintaining effective relationships with staff.

Positive Significant People were often noticed and remembered from early on in the CNL's career and were recognised for their clinical expertise, but respected more for their personality and the characteristics they possessed.

> *She just nails it. It is that ability to, to have everything under her scope of influence and she really did. It was dynamite (Susan).*

Significant people were generally described as warm, engaging, open, positive and approachable. Being approachable was a highly valued characteristic, which was often transferred into the CNL's leadership style. This transfer took place by a mechanism that was described as "*been on the other side"*. This refers to the experiences of CNLs prior to being appointed in a formal leadership role. Highly appreciated and a positive experience was the element of feeling comfortable to explore and discuss ideas with a manager.

> *I have a great idea about this. This is what I am thinking we can do. What do you think? (Jane).*

This exploration of ideas could only occur when significant people were visible. Being visible relates to being readily accessible. CNLs regarded being visible as an important stimulus in their learning journey and many of them incorporated this approach in their ways of leading. Additionally, CNLs held strong opinions regarding being visible:

> *There is no point in being a leader if you are in the office (Jen).*

Through the positive experience of engaging with managers who were visible, many CNLs came to the conclusion that it was hard to distance themselves and not be approachable to staff. In addition, they expressed the view that by not being visible, staff would not engage with them to share their concerns. Ingrid expressed this notion as:

> *The best leaders are the ones that are visible and report back and you can approach (Ingrid).*

Reflecting on what a good leader constitutes became a turning point for Ingrid in the way that she valued and displayed an attitude of being approachable.

In certain circumstances while experiencing a difficult situation with a staff member participants remembered what a person of significance would have said or done. At times it occurred that CNLs' colleagues recognised behaviour from a significant person within the CNL; unconsciously the CNL had incorporated this behaviour into her own leadership style.

> *They all laugh and said that it was quite a Susan thing to do (Claire).*

The impact of significant people can be experienced consciously or unconsciously. Moreover, the awareness of this behaviour is created through the observation and feedback of others, which was communicated with the CNLs.

Some of the learning which arose from the opportunities in practice, involved ensuring that others were included in the decision making process through means of consulting and liaising. As Johanna describes she experienced difficulties in engaging with a Director of Nursing (DON). This experience took place during the first time she stood in for her manager. The issue involved a decision she made without consulting others regarding the provision of care to a certain patient. Johanna felt that under the circumstances known, she had made the right decision. However, the family

complained about the decision made and the DON was eager to resolve the complaint in a swift fashion. Johanna's feelings were hurt during this process, as the DON had said: "You are a junior. You don't really know what you are doing and you have made the wrong decision in this case". In her heart Johanna felt that she had made the right decision. However, in hindsight she regrets that she had not involved other people by asking their opinion before making the decision. This experience appeared to have a deep impact on Johanna, as it changed the way she would handle similar situations.

> *I think it is a defining issue on how you work, it is something that shapes what you do (Johanna).*

Johanna demonstrated more inclusive behaviour, involving her staff in decisions, particularly in relation to emerging clinical issues.

All CNLs described that throughout their careers direct managers had an influence on their leadership style. An understanding has been reached that this impact evolved two ways: CNLs saw their earlier managers' behaviour as an inspiring example or as behaviour to be avoided. This notion relates to observing and copying/non copying.

Observing and Copying/Non copying

The category of "*Observing and Copying/Non copying"* emerged regularly throughout the interviews. It started from the moment that CNLs entered the workforce. However, none of the participants described their years as a student. Initially, I had labelled this category learning from observation, however, further into this investigation it was realised that not all observed behaviour was incorporated. This became particularly evident at times when observed leadership actions were perceived as negative. Strong feelings of like or dislike were often triggered by people of significance, which was expressed in terms such as "I do not want to be like her" or "I do not like that man". Negative actions as experienced through the eyes of the CNL were often rejected and led to turning the other way. Therefore, this reaction has been labelled non-copying. The next two quotes highlight this notion.

> *I had a manager I would ring, and the place could have been burning down and she would not have come because she was too busy in her own importance (Jane).*

> *From those two people I probably picked up that that is probably not how I manage and not how I want to be a leader (Cor).*

In Jane's case she ensured that she would make herself available to deal with serious issues. Cor's quote relates to a leader not engaging staff in improving the provision of care. Cor observed the bleak results of this behaviour and therefore ensured that she would involve her staff in quality improvement initiatives.

Some of the most disliked behaviours related to interpersonal skills and the perceived autocratic manager. The behaviours of autocratic managers were unpopular among many. Most CNLs believed that a more democratic approach contributes to better results, particularly in relation to staff issues.

> *The autocratic manager I had before … I find that really harmful (Ingrid).*

Some participants choose to visit other units to meet and observe other managers, particularly to see how they interacted with staff. It was felt that much could be learnt from these exercises. In Jane's case she was able to observe managers in other parts of Australia. Through her observations she found one manager "very official" and appeared not to be approachable to her staff. On the other hand, a manager in another city was observed to be much more approachable and she engaged with her staff on many occasions. She approached each staff member a number of times during the shift, to follow up with patient care requirements. The team appeared to be adhesive. Jane concluded from these observations: "*well that person in Perth is not very approachable*; *I don't really want to be like that"*.

Seeing the consequences of these actions resulted in Jane deciding to be approachable to her staff. At the present time Jane has staff approaching her when she walks onto the ward. She may not always have time available immediately to engage in an in depth conversation, but she would say: *"I cannot meet with you right now but I will come back to you after"*.

Jane would not deny access to a staff member as a result of having observed the manager from Perth. At times Jane sees a staff member in distress and her reaction would be to drop what she was doing to ensure that this staff member would receive her support. Through being exposed to other managers Jane was able to find a balanced way of engaging with staff.

> *I think you just need to balance that manager/leader/boss/friendly - the whole thing (Jane).*

Another behaviour that was regarded as negative, related to a lack of managing stress. Stress was seen as a block to effective functioning as a leader. It was observed that some managers were prone to feelings of stress.

> *I choose not to stress - at all. It is not worth it. Life is not worth it. If I have meetings with them, I will take on board what I need to but I do not get dragged into the stress of their work (Beverly).*

Negative actions such as displaying stress had a big impact, because of the harmful effects it may have such as stifling peoples' growth and learning. Stress was observed as preventing leaders to reflect upon their actions. For Jen observing expressions of stress trigged strong reactions.

> *I don't want to be like that. That is no good (Jen).*

In the above described situation the action of non-copying was displayed.

Transfer of perceived positive behaviours into the leadership style of CNLs occurred, providing good outcomes. Cor improved some of her interpersonal skills through copying some of her direct manager's behaviours.

> *He got a group of staff together and they actually discussed it and debated it and had a big working group, and I liked that idea. I thought that is something I did like to take on from here (Cor).*

During the learning journey, CNLs noticed outstanding people, who displayed skills and behaviours related to people management, organising and the ability to guide others. Learning took place when this impact was recognised.

> *He is the sort of person who you could sit around a table with, with ten people and nine of those people would maybe be talking about a person in a disrespectful way or in a negative way and it is very easy in that environment to agree. But he is the sort of guy who would sit and say, I remember this person did a good job… I like to take that approach to question what's happening, and also to stick up for people. (Johanna)*

By being mindful of these behaviours CNLs were able to learn and incorporate the learning into their own leadership repertoire.

Seeking people out

Another phenomenon which became visible through analysing the data has been labelled *seeking people out*. That is, trying to find knowledge and expertise in others. Seeking people out can be defined as an occurrence whereby participants actively look for others who are able to assist them. CNLs were intensely involved in engaging with others. *Seeking out* was also described as *reaching out* as, at times it almost felt like a desperate attempt for CNLs to soak up any experience and knowledge carried by others. Many felt that they were ill-prepared for their role, particularly at the beginning of undertaking a formal leadership role. CNLs expressed the view that their learning in a pivotal formal leadership role as being steep.

> *I definitely pick, seek out, different people at different times and probably they have been driven senseless by my quizzing (Barbara).*
>
> *I actively went to seek help from people (Jane).*

A small number of CNLs found it challenging to seek people out, as they identified themselves as feeling apprehensive in approaching others. They described the activity of seeking people out, as forcing themselves to contact others to acquire the information they needed. Seeking people out therefore relates to feeling confident in approaching others, who may not be previously known to the CNL. Ingrid for example felt confident and comfortable in asking advice and direction from others.

> *I go to the engineers because they help me out with design work, because I have no background in that and they can help me out to do it. I am pooling a lot of people's skills and taking a little bit from each one of those people and learning from them (Ingrid).*
>
> *Since I have started this job here at the hospital, I have actually reached out to a lot of people throughout the hospital that I know and don't know (Ingrid).*

At times, seeking people out involved validating thinking processes and confirming being on the right path. As a means of coping and learning CNLs felt required to seek out people, as expressed by Beverly:

> *A lot of phone calls and visits to HR, payroll and to other managers asking them questions (Beverly).*

People approached included, but were not limited to, business managers, for their accountancy skills, store managers for their skills in procurement and former NUMs for their information concerning common pitfalls. These people lent their assistance and helped the CNLs to develop in their formal leadership role. The CNLs found that these people also contributed to providing inspiration to continue in their role. Some CNLs experienced difficulties in adjusting to a formal leadership role, often caused by what was perceived as a lack of knowledge. The significant person played an advisory role, and at times, this even evolved into a coaching role. From analysing the data and listening to the stories of the participants it became apparent that many required learning about the role with the help of others. Lack of formal support through the organisation they worked in forced CNLs to be actively involved in their own learning process.

Optimising staff relationships

Relationship issues presented one of the greatest learning challenges to all CNLs in this study. Positioning oneself as a leader is important in relation to creating trust, and this is established through being visible, approachable and open. The concept of optimising staff relationships compromises three categories: *establishing trust, changing relationships and influencing others.* Participants frequently noted and emphasised the importance of relationships, understanding the human element as core to the nature of the formal leadership role. In addition, developing relationships with peers and more senior staff was recognised as being essential to leadership learning. At the start of the formal leadership position everything appears to function well on the ward and with the team. This notion is referred to by some participants as "the honeymoon period". However, over a period of time some staff members displayed challenging behaviours, and the role of the CNL became daunting. Learning to manage these "difficult people" was one of the unexpected challenges which formed part of the learning journey.

> *It is about putting teams together. If I had a group of staff… I would make sure I had a mixture of leaders and followers. You need to manage them in a way that you have not got all your high achievers*

> *getting burned out because they are doing all the work and then under-achievers just plodding along doing nothing (Jane).*

Learning to lead a diverse group of people formed a large component of optimising staff relationships. Conflict resolution skills were required and these skills were learned through engagement with staff and by reflecting on the successful and not so successful actions CNLs undertook.

The participants mentioned that they were often mediating conflicts that occurred with other departments and among team members. The nurse manager role has been compared by many CNLs as an air traffic controller; because they felt that they were often at the centre of the communication flow on the unit. CNLs were seen by staff members as the hub, or 'go to' person. CNLs spoke about the need to acquire the art of assertive and influential communication, as well as to develop liaising and listening skills to achieve effective working relationships. CNLs reported their success in communication work as a time of learning and personal satisfaction. Successful communication in return often had a positive influence on staff satisfaction and led to lower levels of staff turnover.

Johanna, for example, had learned to place emphasis on creating and maintaining good working relationships with her staff. She described a situation where her predecessor had a different style of leadership resulting in not being consultative and it appeared through her actions that she did not value staff. The flow-on effect which resulted from these actions involved a large number of senior staff leaving. When Johanna took up the formal leadership position she was determined to change this situation. She consulted with staff regarding ward related issues, to firstly try to prevent people from leaving. She came to the realisation that if more staff left she would not have enough senior staff and therefore she needed to reassure the ones who had stayed, that they were valued for their knowledge, expertise and for their service to the organisation. Johanna had learned that the style of leadership previously displayed did not suit her, as it did not work well in her environment. Johanna realised that if you start to tell people what to do, start to make decisions for them, and start to in some ways, what she refers to as "micro-manage" them, people will leave. In addition, it was important for Johanna to give staff free reign to practise within their scope of knowledge and skills. She achieved positive results and explained this by saying that "the statistics show that since I have been here very, very few staff have left the ward". In this way

Johanna had learned to establish and maintain effective relationships with staff, by being exposed to a negative example and turning it into positive actions.

A major aspect of the CNL's practice is creating, maintaining and influencing staff members, or in other words, optimising staff relationships. The theoretical concept of *optimising staff relationships* entails learning to lead staff and positioning yourself as a CNL among supervisors, colleagues and former peers and learning to set boundaries.

Learning to set boundaries

Boundaries relate to the ability to know where you and others stand. This entails setting limits and determining acceptable behaviour. The CNLs needed to learn to define acceptable and unacceptable workplace behaviour. CNLs understood that failing to define boundaries or having no boundaries can result in creating negative impacts on staff morale. Much of the CNL focus, particularly in the early years, was in relation to forming positive relationships and setting boundaries. CNLs were often challenged by their staff and they had to learn to deal with this.

When Thea was confronted with a staff member who had been caught stealing and being obstructive, she *thought about* the situation and determined that it was unacceptable behaviour.

> *Me thinking about it carefully… I need to be very clear… It was behaviour that was not consistent with the smooth running of this unit (Thea).*

She also realised that many others before her had been inclined to ignore the situation. This thinking about led to exploring her self-beliefs:

> *I believe I have good people skills that I can communicate to people on all levels (Thea).*

Thea further believed as she evolved as an adult she gained those "people skills". Thea's learning involved handling the situation as she came to the understanding that ignoring it would have only worsened the situation. Through her experience as a 'level two nurse' she had learned to document conversations and meetings. In her level two position she had been responsible for writing and preparing written appraisals addressing the Australian Nursing and Midwifery Council Competencies on students and nursing staff. This documentation was submitted to the Nursing Board to verify practice of nurses. Often this documentation was returned with a request to rewrite

parts of it. In rewriting parts of the document Thea learned to produce an accurate and succinct report. Thea used her experience and knowledge to document the meetings she had with the staff member in question and by presenting it to her, this person realised she had crossed the boundaries. The staff member did not challenge the documents and decided to resign.

Building relations is a component of the professional socialisation process, starting soon after becoming a nurse. Instances were articulated where CNLs felt they had crossed professional boundaries. Kay describes how she had formed dual relationships. What Kay meant by this term was initially unclear, but she clarified this later on in the interview, as she highlighted an incident which took place outside her home, many years ago. She had invited a patient and her partner to share a meal with her and her family. Unfortunately, the patient sustained a hip fracture after tripping on the stairs leading up to Kay's home. For Kay it was the biggest lesson, as she turned a solely professional relationship into a personal and professional one, becoming too emotionally involved. She came to the realisation that she needed to keep it to a single professional relationship, with boundaries in place, maintaining an effective rapport. Kay applied the learning from this incident within her CNL-staff relationships, being supportive and involved, but keeping a professional distance.

Setting boundaries is a professional lesson that will help throughout the professional life of the CNL. *Setting boundaries* also related to Trudy's story regarding conflict within the team. Two nurses were involved in obstructing nurses from a different cultural background in providing care. Trudy made an attempt to solve the rising issue by addressing the situation during a meeting with the staff involved. The outcomes of Trudy's actions may not have benefited the team. Trudy kept the information and conversation general. The meeting did not go well as staff members became upset.

> *I have learned to tell people off, well I don't know if I do it right (Trudy).*

The approach Trudy applied was in contrast to Thea's and the self-doubt in applying the right strategy is evident from this quote. Telling people off may not be the right approach for solving sensitive matters. Trudy's attitude could have blocked her learning as she described the staff members as:

> *They have huge chips on their shoulders… and they can often make transition for new people in the unit really hard (Trudy).*

The other interesting component to this story was that Trudy mentioned:

> *I trained for a nurse, not to be a manager (Trudy).*

Throughout Trudy's story the struggle to be a manager and a leader was obvious and transforming experience or opportunities into learning rarely occurred.

> *There is certainly a place for learning to improve things, but I think it has got to be the right personality in the first place and I question if I have got the right personality at times (Trudy).*

This self-doubt hindered the learning process and it was hard for Trudy to progress in her role.

Another example of setting boundaries and the learning which occurred from this was a situation where staff were leaving work early, which had been ingrained into the culture of the workplace. Cor choose to address this issue and used team meetings to discuss the subject. A consensus was reached to leave work 10 or 15 minutes either side of the finishing time. However, Cor had been informed that staff were still leaving early on the weekend. Cor learned to handle the situation by involving her manager as she was unsure of how "to tackle it". This learning relates to learning from others. Cor's manager gave advice to address the situation. Cor did not apply the advice as intended and approached the staff members in a less ideal way by saying: "we have talked about this situation three or four times. It is still happening, if it happens again, there will be consequences for it." Cor reported this message back to her manager and she replied "Well, you have put yourself in a box then". She explained that next time Cor will need to execute the consequences and that may lead to problems. Cor's manager offered additional advice, which was beneficial. Cor used this advice and solved the issue. Cor learned from this situation and the advice provided, concluding that you have to be careful in what you say and how you apply advice.

Establishing trust

The category *establishing trust* was developed from the in vivo codes such as t*reating everybody the same*, *respect*, *together* and *trusting staff*. Establishing trust included a two way direction: staff trusting the CNL and the CNL trusting staff. Establishing trusting relationships involved a learning process. It was found that relying on certain people can lead to a lack of trust.

When Claire commenced in her formal leadership position she solely relied on information from somebody closely attached to the ward. Claire involved this person regularly in her daily decision making. This caused issues as staff assumed that Claire was only listening to what that one particular person had to say. This was the reason why it took a long time to build trust. Trust started to develop when Claire realised: *I am my own person and need to make up my own mind about things.* In retrospect, Claire regarded the lack of trust issue as a communication problem and she learned two lessons: (a) that she should have investigated the opinions of staff earlier and should have understood that there was a problem, and (b) that she should have been engaged in a conversation with all staff. This conversation finally took place 12 months after commencing in the role.

The mistake of including only one person in the decision making process had negative consequences and had a significant impact on others. Claire acknowledged the disruption that her mistake had caused. She communicated the lessons she had learned from the experience and invited others to offer advice and to provide their perspective on the situation. After listening and by having the conversations the road had been cleared, which allowed for trusting relationships to develop. The very act of listening to everyone involved can build trust. By taking the time to listen and seek to understand the opinion of others, respect was demonstrated and staff perspective was acknowledged.

It was believed that trust occurs when staff see that the CNL takes responsibility for matters important to them and follows through. Thinking about previous interactions with staff Thea realised that at times she did not finished what she had started, resulting in less optimum staff relations. Her reflection led to what Thea expressed as *seeing it through*. Thea described a staff member with a difficult personality, who had been to a certain degree menacing to her colleagues and herself. Thea ignored this behaviour, but she realised that this did not solve the issue. The person's behaviours became worse and therefore she decided to use another technique which involved influencing this person by creating a positive mind set. More importantly she followed through with this person until a result had been reached.

Thea engaged in a conversation with this person without mentioning specific events. Thea explained that misunderstandings were situated in the past and she asked this person what she would like to do: "you need to decide where you want to go and if

you decide, I will support you." This person returned to Thea with some ideas, which were discussed. By giving this person the opportunity to decide her pathway she changed her attitude. Instead of being the stirrer and the problem child, she became involved in helping to lead and turned into a more positive person.

Trust was built on previous experiences as in the past Thea's managers had made promises but had also broken them, leaving Thea frustrated and disappointed. Therefore, Thea was determined to keep her promises: "I said that I would support her, so I had to follow up and prove that. It was not going to be a lip service and I was not going to do nothing". Thea was also aware that she had to step back and let the staff member conduct the project the way she preferred. When Thea thought about the situation, she arrived at an understanding that "it all came about by not dredging up what had happened in the past", but "it was about being open and having an open conversation". Thea applied this learning to other incidents where she had to manage difficult staff members, which helped in conducting open conversations and in influencing staff in undertaking work which improved the quality of care. It has become evident from the concept *optimising relationships* that learning takes place in engagement with others and, in particular staff.

Changing relationships

As CNLs moved into a formal leadership role, they were trusted into a role adjustment in which they went from having control of their own work, to guiding and supervising the work of other nurses. Stepping into a formal leadership role means re-examining relationships with peers, and learning to provide leadership. During the journey of becoming a CNL, professional relationships and friendships have been established. Once a CNL moved into formal leadership, such as a nurse manager role, these relationships were likely to change. CNLs expressed the view that possessing a good informal and formal relationship with staff was an essential leadership requirement for their positions. However, many struggled to build this professional relationship with their staff. They felt that some of their staff were testing their capabilities.

In this study the occurrence of changing relationships has been an element of inside and outside transition. Inside transition can be described as the situation where a CNL moved into a formal role within the area they have been working. Outside transition was where the CNL's move into a new area outside the clinical area, or arrived from a

different organisation. Internal transitions caused the most issues due to the sudden power shift affecting former friends and peers. This was by many experienced as an unexpectedly difficult issue and it became part of what I have labelled *transition shock*.

For example, Barbara found it difficult to distance herself adequately from the nursing team, rather than being a leader she came from a follower position. She also recognised that the nurse manager is located in the team for most of her working life, standing apart from her staff was a lonely position to take. However, she learned to create an appropriate professional rapport. Barbara started to see that she had to display professional behaviours, which included keeping a certain distance from the nursing team. Barbara used to speak up or said things to management when she was situated within the team, but in her formal leadership role this speaking up was regarded as not suitable.

To handle the transition shock, some CNLs looked back on what they had observed in the past. Encountering managers who displayed obvious behaviours in terms of keeping the same communication with former peers, made some CNLs aware that they had to communicate in a different way as their role had changed. Keeping the same form of communication caused issues in relation to making decisions, having an impact on staff.

> *I have history with some staff and I have no history with other staff. But the staff that I have history with, I make it pretty clear that I am in a different role to what I was when I was a clinical nurse (Jane).*

This quote from Jane showed how CNLs learned to handle their own transition by observing other managers who have had varying degrees of success. Some CNLs expressed the view that it would be easier to walk into a unit and not know anyone, because when you are new, nobody knows you and therefore there are not any preconceived personal connections with staff. However, in this situation there was a difference between managing and leading, as expressed by Claire.

> *It is easier to manage people that you don't know. It is easier to lead people you do know. It takes longer for leadership when you walk in not knowing anybody (Claire).*

In leading it was beneficial to know your staff, as it is known which capabilities they hold. Using this knowledge was helpful in terms of delegating work. It was also observed by the study participants that during their career some CNLs did not make a transition. It was perceived that these people, for example, at work related social functions did not behave, according to the way well transitioned CNLs would behave. This behaviour related to being engaged in gossip and making inappropriate comments about members of the executive management team.

Another form of transition experienced as difficult related to being placed in a completely unfamiliar clinical environment within the same organisation. For example, Rowena moved from an Intensive Care environment to a less acute area. It took time for her to adjust, but through asking the "why" question she came to a better understanding of the environment in which she had chosen to operate.

> *I think when I first came here I used to think about this job, every single minute of my waking day. I used to wake in the night thinking about things and thinking, "Why have they got that there? Why would you have that piece of equipment in that position. "Why ..." Lots and lots and lots of things. ...for me it was such a transition, I just thought, "Crumbs, I don't understand half of this thinking." But you know, the way it worked was just—absolutely gobsmacked me, I think that now that I understand the way the ward works much more I am in a better position to make a thinking kind of decision (Rowena).*

CNLs who had not participated in an acting role before they took on the formal leadership role felt left in the dark. They did not have any idea of what it was like to be a manager and it was experienced as completely different, being in another world, for which they felt they were not prepared.

> *I think that is something that is lacking from the training and education. Well, that has been my experience – I have not really had that opportunity and no-one, really, has been able to direct me to where to learn more about that sort of thing (leading a clinical area) (Cor).*

Realising that they were not prepared made many decide to undertake courses and workshops to fill the identified gaps. Further on in this chapter the role of formal information will be presented.

Friendship

A subcategory of *changing relationship*, labelled *friendship* emerged early in the research project. This subcategory involves previously established friendships and the challenge of handling these relationships. The opinions about friendship in a leadership role differed as some participants felt that they could retain their earlier formed friendships, while others felt this was impossible. For some it was about learning to find a balance through a consistent approach, of being fair, and treating all staff as equal.

> *It is a balancing act (Johanna).*

It was explained to staff that as a formal leader they were in a different role to their former position as a clinical nurse. Despite the differences in beliefs concerning the notion of friendship, it played an important part in the learning journey of the CNL. It was felt that at times those friends were trying to manipulate the CNL because of their relationship. This became evident through some unrealistic roster requests. The subcategory *friendship* allows for the variation found in the data. Not all friend/work relationships were considered problematic. A friend who respects the CNL and cares about her work can be an efficient staff member, someone who can be assigned certain responsibilities.

> *You can be best friends with the staff, you can ask them everything (Johanna).*

Many found their way in reaching an acceptable solution for the issue of keeping the friendship. Key to this issue was developing a professional relationship, making a separation between being a formal leader and being a friend.

> *It was a really hard lesson to learn that you can't be friends, that ……not everyone is going to be happy. It was a difficult thing to learn, I know that… I view it not as the friendship, it is maintaining that really easy going, professional rapport and that is now where I am (Barbara).*

For Barbara realising that not everyone would be happy with her decisions was a point at which she was able to move forward. This realisation helped losing her fear of making decisions. She came to this realisation through debriefing sessions held with peers. Engaging with peers who had experienced similar situations, made her feel she was not on her own. However, in spite of this peer support others felt compromised in making decisions caused by the fear of losing friendships.

> *At that point I was conscious about keeping my friendship on the floor and not, perhaps, making decisions that would be deemed unpopular (Rowena).*

It was found that the social component and, in particular, staff relations, played a vital role in the learning journey. There were some participants who had been independent practitioners, without a lot of supervision and they found it hard to lead people as they had not been exposed to previous examples. They also observed that clinical nurses "want to be friends with everyone and then want to be on Facebook, they want to be all that". Therefore Jose felt that not many people want to stand up and be a leader.

> *It is a lonelier existence (Jose).*

For Jose this was not an issue but for others it was. In relation to how Jose had learned to maintain a professional distance, she recalled observing a clinical area which became troublesome, as managers where crossing the friendship boundaries too much. For Jose this observation made her decide to introduce rules.

> *I will always say to them I have got to apply it to everyone. If someone comes and says why can't I, I say well what if everyone wants it?* (Jose).

Memo: People Skills

The most important skill for any nursing leader is the ability to manage people. They need to learn how staff think, react, and function when challenged. Working well with a wide variety of people, leads to influencing their work habits and that is part of what clinical leadership is.

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The downside in strictly applying these rules was the accumulation of stress. The actions of some staff members who chose to challenge the rules, led to the involvement of an industrial body. Jose felt she was placed under the microscope. This negative experience made her consider her stance, resulting in the belief that rules apply to everyone, but you also have to take into consideration individual cases and the circumstances in play. Leadership learning entailed gaining effective people skills.

Integrating formal information

This section describes how participants used didactic learning methods such as lectures, workshops, textbooks and other books. These formal learning activities are created with the intention to learn from them. Twelve of the participants have completed formal postgraduate studies and in-house courses, which led to extending their leadership knowledge. Reading of books was a popular means of increasing knowledge. In addition, most participants could identify and articulate how education had contributed to their leadership learning.

Working on the level of a nurse manager and being placed in a clinical leadership role required constant professional development to stay informed about new ideas and strategies for their areas of work. The drive for acquisition of new knowledge was expressed by many as a desire to keep learning. Most participants were actively planning to attend more courses, read more and develop their skills.

> *I am trying to work out what is the best thing for me. I have been looking around…… at some management courses… (Jose).*
>
> *From my own learning I want to keep learning. I do want to do more courses and I think after two years I know the area I want to work in. So, I need to keep developing those skills and keep learning as I go (Cor).*

The theoretical concept of *integrating formal information* will be presented in two sections namely: *learning through reading* and *learning through courses*. The concept entails the way CNLs have used reading and courses to develop themselves. This section also presents examples of how this learning has been incorporated into the CNLs' practice.

Learning through reading

Participants indicated that they had read many articles and books. Participants utilised hard copies and digital materials as some had access to on-line university libraries. Some of them indicated that they learned well by reading, as they found much useful information stored in a book. Popular books were biographies and autobiographies of famous leaders. These books provided information about leaders' formative years, their adult lives, and their impact on other people and society. This led to learning about leaders through reading. Reading these books provided the opportunity to reflect on the consequences of these leaders' actions and decisions. The personal memoirs gave a sense of the person as they want others to perceive them including formative experiences, defining moments of life, and values embraced. These life narratives created an understanding for participants to know how they perceived leadership and the way they exercised it.

Reading about the lives of well-known leaders, participants not only learned from their experiences, but they were also challenged to reflect on their own lives. How do we make decisions? Who and what do we value and how do we make a difference? One participant read a book by Bob Geldof (*Is that it*), which is situated during the famines in Ethiopia and it describes how Bob Geldof raised enormous amounts of money from Live Aid. The participant found it an inspirational read. This caused her to reflect on where she was situated in her leadership journey:

> *It does not matter where you are, you can always make a little bit of a difference. You can always improve and you can always make changes (Ingrid).*

Reading this book inspired Ingrid in improving patient outcomes. In spite of experiencing hardships in taking this road, she kept persevering having Bob Geldof in mind. This resulted in improved physical layouts for patients. Other books read by participants discussed leadership theories and change management styles, particularly in relation to transformational leadership and these also left big impressions. Reading contributed to gaining a theoretical insight into management and leadership styles. Some participants used the knowledge gained from this reading to change their style of leadership to become more transformational and less transactional.

> *Trying not to put everything onto the staff but letting them come with you; making them part of the decision making. It is about bringing the staff with you but allowing staff to come up with how the unit can grow (Kay).*

Kay learned about how people accept change or reject change. This knowledge was taken back to the work environment and used in a large project where two clinical areas merged.

Reading books also led to confirming participants' leadership style as being effective.

> *When I read some things I thought well I do that….you are on the right track. Through my readings…… it has validated what I do (Kay).*

> *I do that and that's great so I'm doing the right thing, you know, regardless of the source of that piece of material (Johanna).*

In contrast, participants also challenged what they read.

> *You can also, if it says, "A manager should do this for their staff," and I think, well, I don't do that, then I can say, "Well, I don't think that is right or I don't think that is valid or it does not fit our particular circumstance," (Johanna).*

The participants' stories demonstrated that reading led to the development of critical thinking skills. In addition, reading gave CNLs insight into people management issues. It provided clarity in relation to common staff issues. Participants learned about conducting difficult conversations. Reading was helping them in finding the appropriate wording, taking a staff member's feelings into consideration at the same time. Reading was also used in combination with other methods, in particular, in challenging circumstances such as leading a project. One participant was chosen to take a leadership role, but did not feel confident about her own capabilities. But from readings, reflection and talking to others she was able to design a framework, which was used to complete the allocated project successfully. Some participants were involved in journal clubs and through discussions with members of the group they learned about contemporary nursing practices and leadership approaches. Members of the journal club had arranged to read a chapter of a leadership book every month and through methods of dialogue learned from each other.

Reading was utilised to gain knowledge in relation to practice standards and this was used to set benchmarks. Leading a clinical area required up to date knowledge and the ability to inform others. Through reading research journals participants were informed about best practice standards. At times it occurred that CNLs came across an incident where they thought *"I have never read that in my nursing journals, what are they doing?"* (Barbara). They discussed the displayed practice with the staff members involved and informed them about best practice, contributing to enhancing patient safety.

Gaining insight in how to talk to people in a language that is easily understood was achieved for some CNLs through reading. Text books and articles provided handy tips of communication. When an individual develops as a leader the language used changes, as there is a broader engagement with different people. This language can be developed from reading books. Speaking the right language also contributed to bringing people along as they understand the message. This was expressed by Kay:

> *We need to use the correct language to talk to medical staff otherwise they are not going to sit there and listen for half an hour when we go through some narrative (Kay).*

Kay learned to pitch her language to the right level by reading medical and nursing books. Through practising the extracted learning and different ways of expressing herself she was able to set the right tone in dialogue with members of staff.

Learning through courses

Participants identified a wide variety of formal learning activities such as workshops, conferences, short courses and university degrees. Some of these activities were considered useful in relation to transferring newly gained knowledge into the work environment. *Learning from courses* is defined as any formal education undertaken by participants to increase their knowledge. Transfer of knowledge was experienced; however, it was unclear how much knowledge was applied to the workplace. Participants were convinced that courses helped them to reinforce what they had already learned in practice. It validated the way they were working in the clinical environment as best practice.

> *It's reinforcement for myself… I am doing the right thing. That's really good to know (Thea).*
>
> *Often you practise and you don't know why necessarily and then you actually do study or you might read something and go, ah, right, okay, this actually completely describes how I do a certain process or undertake a certain task (Barbara).*

Courses contributed to participants' learning about self, as it taught them how to think differently about their values and beliefs.

> *You can learn about yourself but I think doing courses and actually reading up things and doing research and that sort of stuff actually gives you more of an information basis on actually what your personality is and how you adapt to certain situations and why you react sometimes the way you react. It gives you the skills to actually address that before it happens (Cor).*
>
> *At a leadership course I learned a lot about myself and, how I'm perceived by others is something that came out of it (Cor).*

The notion of self-examination trigged by courses was a collective story among participants. This self-examination resulted in learning to know yourself and an increased self–awareness.

> *If you can become aware of your… strength and your weaknesses, which you tend to do through management courses, there is always an element where you are doing a self-analysis assessment task, and I think there always was a moment where the mirror's getting held up and you are having to look and go, oh, okay, I recognise these, these are the positive skills I bring and these, perhaps, are some areas that I need to work on. (Barbara).*

By undertaking a management course, Barbara became aware of areas for improvement. More importantly she engaged in steps to work on these areas. University courses and diplomas increased participants' communication and reflective practice skills. The value in undertaking post graduate studies was seen as the provision of a core format of how to lead. Undertaking university courses contributed

to gaining an interest in reading up on leadership skills and leadership styles. In addition, participants felt empowered as they were able to utilise the gained knowledge in practice. For some, central to this way of learning was the acquired skills and knowledge in handling staff issues. It taught them how to motivate staff to follow a pre-determined vision.

A Master's Degree in Human Resource Management, for example, has given Kay ideas of what motivates people and what different personality types can produce. It has contributed to managing and leading everyone, both individually, and in the team environment.

> *I have a Masters Human Resource Management. I have learnt about the issues of staff, about how to use reflective listening, how to be there for them and supportive. … (Kay).*

Some workshops in relation to people management had a big impact on participants' learning. It gave participants insight into staff behaviours and, in particular, in delegating certain tasks. They came to the realisation that some staff were not interested in advancing themselves but were still providing high level care.

> *There are nurses who come to work and they give great patient care, but they have no desire to do any extra study or anything like that (Rowena).*

Appreciating staff involved for some participants undertaking courses, which resulted in understanding that everyone comes from various backgrounds and that everyone has different learning styles, skills and experiences they can bring to an area. Johanna articulated this as:

> *I think, being more accepting and being able to manage people from that perspective (Johanna).*

Johanna also came to the understanding that:

> *There are really high-level, high-functioning, competent people and there are people who only just get over the line and you have got to try and accept that and help those people as much as you can, but realise that not everyone is going to be on the same level (Johanna).*

This realisation resulted in expressing a desire in learning how to motivate these people in developing themselves. Some participants enrolled in specific human

resource courses. Thinking about staff's capabilities has led to an understanding about the importance of how to motivate a variety of people.

Other postgraduate studies contributed to gaining more clinical expertise, as participants learned about the speciality area in which they were working. Undertaking these courses led to being automatically recognised by others as someone who knows. It allowed some participants to move up the career ladder and become a clinical nurse. In addition, the expertise contributed to gaining respect from colleagues. At times it occurred that these colleagues approached the participants to discuss their clinical issues and regarded the CNLs as the decision makers. Through this development they were working towards becoming a clinical leader.

> *You get into that sort of position, people come to you and expect you to be a leader and then you step up… and make more decisions and show more leadership qualities (Ingrid).*

Some workshops allowed for other leaders to share their stories, failures and successes. It was through these personal stories that participants have grown in their own leadership development. Interestingly, some of the stories did not resonate well and, in particular, in relation to guiding staff members. The hands-off approach, meaning letting staff undertake their work and not being involved, was disliked by many participants.

> *I picked up that that is probably not how I manage and not how I want to be a leader… I want to be involved… I want staff to see me a part of their team (Ingrid).*

The desire to be part of the team was a recurrent theme within this study, as many participants expressed this notion. An outstanding example of how participants used courses in their own development was the case of building up credit points. A presenter in one of the courses spoke in relation to maintaining good staff relations. She explained that as a leader you are required to build up credit points through positive interactions with staff. At times you will need to make a decision which will be unpopular by many, but through obtaining many credit points and staying in the positive, people will follow you.

Ingrid incorporated this notion within her own leadership practice, through positive personal interaction with staff. Even something as simple as giving someone the

holidays they applied for. Adhering to the credit point strategy helped Ingrid in introducing enrolled nurses into the clinical area. This was seen by many as negative, but Ingrid had built enough credit points and was able to stay in the positive, which allowed for a reasonably smooth introduction of enrolled nurses into the area.

Finding networks

Within the theoretical concept *integrating formal information*, the category *finding networks* emerged. Participants agreed that generally the formal parts of courses are useful in relation to professional development. In addition to the formal component, courses, in-house programs and roundtables contributed to networking and this was considered valuable. Networking was experienced by many participants such as Johanna:

> *If you go to a course with 20 other people who are managers or leaders, they also bring to the water cooler and the lunchtime talk about what they do and so I think that is also very important, that you learn from what other people do (Johanna).*

A network of people gave the opportunity to contact others and ask for a variety of feedback on pressing matters.

> *There were some paediatric nurses in my course who were* [there] *if I need to find out something from the paediatric I would email them direct rather than trying to work out who I need to email (Jane).*

Courses, and in particular, multi-day courses provided participants with opportunities to find and connect with participants from a variety of areas. The networks created opportunities to solve issues more promptly. In addition, networks led to a culture of binding, making the broader work environment more coherent. Networks were a good opportunity for managers and leaders to share their ideas. It has also led to the awareness that issues experienced in one area were often similar to other areas. Listening to how other leaders operated and the sharing of this information resulted in learning. Discussing how other leaders handled issues and using that information contributed to good outcomes:

> *In my area, I have been doing this and I find that the staff really appreciates it. I think, oh, I will just store that away in the back of my*

> *mind because that is something that is practical that someone else has done (Johanna).*

This stored information was used at a time that Johanna was changing the way clinical handover was conducted. Johanna used the experience of another manager to inform her approach to change management. Using the information aided in establishing a smooth transition period. Conferences, in particular, gave one participant the feeling of being empowered, as she felt that she was inexperienced in her role, but through discussions with other delegates she learned that she was not alone. As a result of attending the conference she built networks with colleagues interstate. Over time participants became more knowledgeable and were able to access others, leading to increased confidence levels.

Networking formed effective professional relationships, in which learning from each other took place. The example of Cor illustrates this learning in implementing a new model of care. The team needed more patients to be cared for at home and patients to undertake more self-management activities. The team had been split across three different areas and it was difficult to maintain communication and to get everyone on the same line. Another participant on the course Cor attended had suggested using a particular consensus tool. Cor was not familiar with the consensus tool, but the participant provided Cor with the tool. Cor came to the conclusion that the tool proposed good ideas, as the tool included a step-by-step approach and showed ways of working together. Therefore, she decided to use the tool with the team to obtain a decision based on consensus. For Cor it became a positive experience which gave her a proper structure and she realised that she would not have had the team together if she had not been in contact with the other participant. Furthermore, it would have been difficult to achieve an outcome based on the input of all involved.

Summary

Through the use of constructivist grounded theory analysing methods the *opportunities in practice* have been constructed. Significant people played a major role and were identified as previous managers, peers and, on occasion close relatives. These significant people either deliberately or passively influenced leadership learning by displaying positive or negative behaviours. CNLs learned through observing behaviours of others and these behaviours were either copied or rejected depending on

the value assigned to it. Optimising staff relationships related to the transition into a role with more authority, which affects former peer relations. The CNL learned to adjust to a formal leadership role by setting boundaries and changing previous relationships with staff. In addition, CNLs learned to establish trust in a two way direction. The CNL learned to trust staff and staff developed trust in the CNL.

The theoretical concept, *integrating formal information*, that is, reading and courses helped leadership to develop by confirming CNLs' actions as either in line with this information or not. Based on this experience CNLs were able to integrate knowledge within their practice. In addition, formal information contributed to expanding the context CNLs were engaged in as it broadened their horizons.

Investigating the opportunities in practice from the perspective of the CNLs has provided an increased understanding of how these *opportunities in practice* were utilised in terms of learning. The role of reflection was important. In the next chapter the role of reflection becomes even more important as it is used to move along the trajectory of self- awareness to increased, heightened self-awareness. This trajectory includes the discovery of behaviours and moving to the creation of new or altered behaviours and this has been identified as the social process.

Chapter 6: The process of transforming conscious behaviours

Introduction

In the previous chapter the phenomenon of Opportunities in Practice was described, which explored the experiences that CNLs found were significant contributors to their leadership development. This chapter presents the process CNLs were involved in as they made meaning of their experiences. The methodological approach enabled me to identify the basic social process contributing to theory construction. The process of *transforming conscious behaviours* comprises four phases: Reflecting, Discovering Behaviours, Deciding to Work on Behaviours or Electing not to and Choosing Deliberate Behaviours (RDDC).

In this chapter each of the phases contributing to learning to lead will be described. The social process signifies leadership learning in CNLs, and it is the essence of this study. The identified process connects the opportunities and the learning enablers and disablers, presented in the next chapter. This process underscores the transition into a leader who is more self-aware. Study participants experienced this social process throughout their nursing career. The next sections will present the process sequence, starting with reflecting.

Reflecting

The first phase of the social process is *reflecting* and is made up of two components: *thinking about* and *critical reflection*. *Thinking about* can be seen as a superficial form of reflection. In this study *thinking about* relates to staying on the surface and was often used for the purpose of debriefing. *Critical reflection* relates to looking back on experiences with the intention to learn and this occurs through reflecting on self and reflecting on feedback from others. Therefore, this reflection is a way of developing knowledge regarding one's self and the world. Participants were both engaged in *thinking about* and in *critical reflection*. Trudy provided an example of *thinking about*:

> *I suppose everybody really sometimes thinks about leadership, am I a visionary leader or am I a practical manager? (Trudy).*

The meaning for Trudy was situated in the notion that she was aware of her struggle with setting a vision for her area, but managing the day-to-day operation of the clinical area was not experienced as an issue. A lack of reflection resulted for Trudy in not exploring alternatives in terms of setting a vision.

Another example of thinking about was provided by Susan who felt that her levels of resilience were decreasing. In asking her the question if she could change this level, she answered:

> *I am thinking that it is probably finite. Having said that I am not—I think—being a manager for me is finite. I think there will be a point where I go, "that was lovely..." and, "now I'll go and do something different..." (Susan).*

Susan had not been engaged in *critical reflection* regarding her decreasing levels of resilience, and was therefore not able to produce alternative actions to increase those levels. Susan did decide not to leave her position, as she felt it was not the appropriate time to leave. Her unit was transitioning through a large change and she felt loyal to her staff and was determined to support them through this challenging time. However, Susan was struggling with leading her staff through the change. For Susan it entailed creating a response as to why the change was required. Staff felt unsettled and therefore became less tolerant of each other and "*there was a bit of Grrr going on".* Susan thought about the situation:

> *The better thing would be to be more visible and out there and that is I guess what I am thinking I will need to do more (Susan).*

This thinking left her with just a thought instead of series of actions. In this case learning did not occur. In contrast Claire used *critical reflection* as a way to improve her own leadership style, through examining the successes and failures of her actions.

> *I often think back to similar situations and how they were handled previously…….whether I use that technique or use something else (Clair).*

Through using critical reflective practice she developed more self-awareness. More importantly by completing this episode of reflection, she was prepared to make a

change. In the case of Kay when she over-stepped professional boundaries, she critically reflected on the event:

> *Oh my God, what have I done? I have actually crossed over professional boundaries." It was the biggest learning for me. I had a professional relationship and I turned it into a personal one (Kay).*

Kay became aware of the situation and made changes to her behaviour in adhering to a professional relationship. When she started a new relationship with staff, other health care professionals or patients, she was clear about the professional boundaries.

Reflecting on self

Important learning experiences in an adult life comprise critical self-reflection and '…reassessing our own orientation to perceiving, knowing, believing, feeling and acting…' (Jarvis & Griffin, 2003 p. 208). It is important to consider that critical reflection is not concerned with the *how* or the *how-to* of action, but with the *why*, the reasons for and the consequences of what we do. Critical reflection is the first step of the process and may be used as a vehicle to start the change process:

> *It is just that reflective practice ... really that's been ingrained in me is just going, "If this scenario has not worked, why has it not worked?" (Barbara).*

Barbara not only reflected on the scenario, but also on her actions. Being reflective led to trying alternatives and changing behaviours.

Thea shared a story where someone "tackled" her in the middle of the corridor regarding a roster issue. The discussion which followed was held in front of a lot of staff and was filled with emotion on both sides. In hindsight Thea realised: *"Oh dear, that was probably not the best thing I have ever done."* Thea felt that she had not made inappropriate comments, but she felt that it was inappropriate to have the conversation in the corridor. Through this self-reflection she created a little saying in her head that she would utilise in similar situations: *"You are feeling very strongly about that. Why don't we pop into the office?"* Thea was aware that she had made a mistake and felt fine admitting it. She returned to the person telling her that she may not have handled the situation well. After this incident Thea chose to change her behaviour.

Jen had to learn how to respond in certain situations. When Jen first started in her current role as a nurse manager, she recognised through reflection that she was easily intimated by others. Over time a deliberate change occurred as Jen acquired more skills to handle these kinds of situations. She was able to respond appropriately, but:

> *It might not be immediately because sometimes if you feel you are going to lose it, then it is best not to say anything (Jen).*

Jen regarded these experiences as part of her personal development journey. Her involvements with overbearing people made her explore the inner self, resulting in an increased knowing of self.

Some participants utilised reflecting on self to examine their behaviours by using the Myers-Briggs personality type test. The test was developed by Isabel Briggs Myers and Katherine Cook Briggs. This test or indicator is based on the work of Carl Jung (1921) and includes 16 possible personality types. The central idea behind this test is the notion that by learning about your personality type you can understand yourself in a better way. Knowing what motivates and energizes you as a person helps one to seek opportunities that most suit you as a person. Cor was one of the participants who undertook the test and after completing the indicator, one of the results showed that she was an introverted person. She felt that being introverted is not always the right way to be, especially in her role as she describes:

> *Often you are chairing meetings or you are in meetings and you are expected to contribute on behalf of your colleagues or on behalf of the patients, and that takes extraversion (Cor).*

Cor felt that she had to abandon her natural inclination of being introvert. Cor became aware of the fact that she was not contributing effectively to important conversations. This realisation was predominately based on the comments of other people: "*Oh, you were quiet in that meeting,"* or*, "You did not say much then"*. These comments acted as a trigger for her to reflect and to realise there were no external factors involved that caused this response, for example, having trouble at home, but her response involved internal factors. Cor used reflecting on self and reflecting on feedback to come to this conclusion.

Reflecting on feedback

The act of utilising feedback is presented in this section. Feedback contributed to increased knowledge of self that often led to the next phase of discovering behaviours.

> *It is the feedback I get from other people that lets me know that I am being a leader (Cor).*

For Cor and others feedback was a crucial component for being recognised as a leader. CNLs who took an open stance towards problems undertook critical reflection and were open to feedback. Variation in the data were found in relation to being open and the willingness to develop weaknesses through feedback mechanisms. For example, Ann's reaction to feedback by not willing to develop was in strong contrast to other participants. Ann was made aware of certain weaknesses, but did not reflect and regarded them as not applicable and chose therefore not to work on them.

> *People might have a different view of me than I have of myself, and that's probably true with everyone because a few people have told me recently that I am quite severe and I never see myself as being severe or anyone to be frightened of. So that is their opinion not mine (Ann).*

Ann expressed the opinion that she performed well and indicated that no further learning was required, as she was an experienced manager who delivered good outcomes. In addition, she expressed that she knew the practice environment well "*I know it all" (Ann).*

For Susan using feedback from others did occur at times, but at other times the challenge of processing it was too hard. This was in contrast to other participants.

> *Do I actively go and seek feedback? Probably not …because I probably could not manage negative feedback (Susan).*

Susan considered handling feedback as challenging, as at times she was unable to cope with the information received.

Discovering behaviours

Discovering behaviours is the second phase in the process and is defined as becoming aware of certain (leadership) behaviours. These behaviours were either perceived as desirable or undesirable. The perceived desirable behaviours related to being fair,

being persistent and being “a people person”. The perceived undesirable behaviours related to not sharing, *flying off the handle* and taking matters personally. Being instinctive and an introvert were also perceived as both desirable and undesirable behaviours. Reflection was key to revealing these behaviours.

Under the heading moving through the process it will be clarified how discovered undesirable behaviours are transferred into desirable behaviours. After analysing the data, there was a realisation that more emphasis had been placed on undesired behaviours. In some interviews, probes were used to allow for positive behaviours to emerge, by asking the question: if you look at some of these strengths and weaknesses, what would you see as one of your biggest strengths in your leadership role?

> *Try to be fair. I always try to be fair and consistent. Like if I make a decision about something, I know staff might not necessarily like it but I will make it because it's fair and equitable (Jane).*

Being fair and displaying this fairness was embedded in many of the behaviours of participants and related to the ingrained values and beliefs held. In addition, some participants articulated that they had natural skills and abilities, which they felt were confirmed by others, but more learning was required to utilise them in practice by gaining more experience.

> *I must have had some core leadership skills at—It was not until I did a couple of those manager-jobs. I stepped up into an ADON role, into that manager role and again it felt, I was not nervous and I felt quite comfortable. Those decision making skills were obviously there and it was not until an opportunity to demonstrate that that I realised, I can do this or that the feedback that I got from other people was positive that I was obviously doing the right thing (Thea).*

Feeling confident and receiving positive feedback contributed to positive feelings towards the position, which in turn stimulated the learning process. Many CNLs were inclined to learn more with the aim to improve themselves. For the CNL, personal development is crucial, as it encourages a critical view of oneself through discovery, leading to more self-awareness (Goleman, 1998). This skill was articulated in the awareness of participants’ own strengths and weaknesses in their role as CNL, and in their function within the work milieu.

Deciding to work on behaviours or electing not to

Deciding to work on behaviours or electing not to is the third phase in the social process. This phase is defined as the action of decision making. It became evident that some CNLs would work on their behaviours and others not. For Cor discovering her introvert behaviours became a moment of deciding to work on them and a personal goal to become more vocal was set. By working on this goal, she took herself out of her comfort zone. She found that the more she practised, the easier it became. It became a personal achievement, which started to have an effect on her personality. She developed positive feelings about being vocal as she realised she was starting to develop into a more assertive leader. This positive feeling started to build up to the point where she could change her instinctive personality traits over a period of time. Cor was convinced others could do this too: *"I don't think we are all set in this one, say, introversion. You can actually change".*

An example of not working on behaviours came from Susan. She was aware of her own leadership style in relation to a far from optimal way of communicating with peers, but still regarded this style as acceptable. Therefore, she elected not to work on these communication behaviours. This became clear when she spoke about her learning regarding communicating:

> *My biggest learning? Learning (pause), probably that what I am doing is okay (Susan).*

The pause in the quote is interesting as it indicates that Susan had not reflected previously on this behaviour. In this instance Susan was not engaged in learning. However, in other circumstances, Susan was engaged in reflection, leading to detecting behaviours and becoming more extravert at times.

Through the discussion with Ann the issue of choosing behaviours started to make more sense. Ann described a situation where a registered nurse had applied for a clinical nurse position. The candidate was deemed to be unsuccessful by the interview panel. This person was seeking interview counselling with Ann, as she was the chairperson of the interview panel. During this counselling session Ann informed the candidate, which she expressed as follows:

> *Even if she had been the only applicant she would not have got the job in any case and that did not go down very well at all, and it ended up in the industrial commission, but on reflection it is something that I think I still would say even though it did not go well because not all things do go well but I don't think you necessarily will change (Ann).*

Ann thought about what had happened and it is interesting that even though this situation did not unfold well Ann would not change her behaviour. This may be understood through the notion of experience threatening the way CNLs learn, human beings are inclined to close off or use psychological defence mechanisms to produce a compatible interpretation (Mezirow, 1990b).

Choosing deliberate behaviours

Choosing deliberate behaviours is the fourth and final phase of the social process. It is the redirection of the way CNLs engaged their world and involves implementing and using the changed behaviours in practice. This phase also comprises the category *making it your own*, a personal style of leadership. Originally, *choosing deliberate behaviours* was *labelled changing behaviours*. Although the differences in name may be subtle, it was not describing everything that was happening. It became apparent through the interviews and my notes that there were occasions where automatic change of behaviour did not occur because the CNL had to *choose* to make this change and this change must be sustained, as Johanna articulated.

> *You could identify aspects of all those things in yourself but I don't know whether I have changed. I don't know whether I thought, that is the sort of leader I like to be so I am going to change my whole attitude in my whole approach and be like that because, you can probably do it for a day and say, well, I'm going to be more assertive or I am going to be more supportive or I am going to be more caring, but you automatically drift back into your normal practice (Johanna).*

Later in the interview Johanna spoke about some of her changed behaviours, which became permanent. Most CNLs were involved in actively choosing lasting changes.

Susan shared a similar experience where she felt that being in a formal leadership position she needed to part with some of her introverted behaviour and become more

extroverted. This change in behaviour was seen in meetings she attended. At first she was not conscious of this change, but later when others commented on her performance she became aware of her deliberate behaviours.

> *I know in meetings when you know, things are going round and round in circles, I have been able to intervene now and say, "Okay, this is the issue. What is the outcome? Where do we go from here? Who is going to do it? And sort of finish it and move on (Susan).*

Susan felt that at meeting times it was better to use extrovert behaviours and expressed the view that you have to use the skills an extrovert would display in a formal leadership position.

Cor articulated that you don't have to use the changed behaviours all the time but you have to be able to channel it, as she felt that some situations call for introversion:

> *It's not about changing completely but it is about having the ability to change when you need to that's the thing (Cor).*

This quote from Cor leads to the notion that you can, in certain circumstances, choose to change your behaviours, but to reach this stage it requires moving through the various phases of the process. This led me to believe that choosing behaviours is crucial in leadership development. In Cor's case she needed to be comfortable interacting with others and bringing ideas from staff to a broader audience. Articulating the opinions of staff at a senior executive meeting is an example of this. These actions require the CNL to possess some extravert attributes. Participants have been exposed and have observed how extraverts form and manage relationships with others. Switching from introvert to extravert is a learned behaviour. This switching is utilised in different situations and the ability to switch has a big impact on the professional growth of the CNL.

It was important to CNLs when they required staff to modify behaviour that they could do it too.

> *Staff, they have to see that you can make permanent change too (Barbara).*

People cannot change by themselves as they require the support from others. CNLs like Barbara valued the encouragement to break ingrained habits that led to new and more constructive behaviours. Choosing deliberate behaviours has taken place when a

new learned behaviour has become a common behaviour and the newly learned skills have been used for some time.

The process resulted in increased self-awareness. Cor expressed the view that she had learned a great deal concerning her traits forming part of her own personality. This allowed her to learn about herself, which she regarded as vital to her development.

> *You learn from knowing yourself. That's the key thing. When you truly understand your own ways and you can actually identify the time in a situation that you are being too introverted and you* ***know*** *that you are being too introverted, then you can correct it (Cor).*

This quote showed Cor's increased self-awareness and Johanna expressed this as follows:

> *Events and emotions contribute and so it is about recognising that, I was probably not contributing… being aware of it is the thing (Johanna).*

This quote relates to a situation where Johanna felt that she did not contribute to a discussion held with other managers, but through her learning she came to an increased self-awareness in knowing what was blocking her. Johanna was one of the participants who moved through the four phases of the social process.

Making it your own

Making it your own is having created your own leadership style as a result of all the experiences CNLs have been exposed to and by having moved through all phases of the process. This concept depicts the CNL's own style as evolving and developing. Making it your own also relates to the notion of "not following anybody's particular style", it is about sustaining most of your leadership behaviours and tailoring your leadership style. It was even more strongly expressed by Jen: *I am an individual, I want to be me.* For many there was a significant shift in perspective required when moving from being a clinician into a formal leadership role. This role required a blend of both management and leadership.

Autocratic behaviour was seen as negative, however in making leadership their own many CNLs realised that in certain situations, especially in a medical emergency or in case where obviously a situation was getting out of hand transactional decisions had to

be made. In these situations CNLs had to demonstrate a more authoritarian style because they saw this as a situation in which they have to make a decision on the spot. However, under ‘normal circumstances’ they encouraged people to discuss and look at the pros and the cons or what is right and what is wrong and came to a communal decision. Jen really had to come to terms with the more autocratic behaviour:

> *I find it pretty hard to be autocratic. I will probably leave - some situations I may leave too long before I get autocratic. It does not sit well with me. But then someone has to make the decision and it is basically the buck stops with me. I do find that hard. I have always found that hard (Jen).*

For Beth having her own approach was essential, but more importantly she found that she had to be true to herself, adhering to her values and beliefs. She did realise that not everyone was going to be satisfied with her work and her style, but she was open for discussing the way she operates.

Jen was even clearer about being true to oneself as she regarded herself as a unique person, who displays her leadership style.

> *There are some people that you kind of think, "Oh, they do a really good job doing that" and there are people that you can get things from. There is really no one that really jumps out at me that I have though, "Oh, that's what I want to be like." Because I'm an individual. I want to be me (Jen).*

Jen recognises the importance of others and has incorporated some of their behaviours into her own leadership style. She also recognises that she does not want to change completely and become what she describes as a clone of someone else. In other words, Jen found a balance between her own behaviours and copying behaviours of others. The next section presents examples of experiences of how participants moved through the process. These experiences are well situated within the four phases of the social process transforming conscious behaviours.

Moving through the process

Through a description of the experiences of *becoming a sharing leader*, *stepping back*, *seeing it in perspective* and *using instinct* it was clarified how numerous CNLs moved

through the social process and reached a change in their behaviour. Behaviours that were recognised to be negative transformed into behaviours perceived to be positive, resulting in positive outcomes. The transformation as experienced by the CNL is indicated under the headings which follow.

Becoming a sharing leader

From keeping information to oneself and being closed to sharing information

Becoming a sharing leader is a typical example of how many CNLs used multiple feedback sources and reflection to discover undesired behaviours and transform them into desired behaviours. CNLs' behaviour of withholding information and not being engaged with others, moved to a position of being approachable and sharing. Participants had to learn to share their thoughts with others by what was referred to as: "to put things out there for the staff to be able to see".

> *It is about learning to share your thoughts with the staff - and sometimes you have got things in your head but it's not always out there (Jen).*

Jen was aware that she was not sharing her thoughts, but for others like Jane it took a more complex journey to arrive at this conclusion. Jane's story stood out as she was able to articulate her learning well. Jane has been involved in Practice Development (PD) activities during the last few years. Practice Development is primarily a movement concerned with nursing working patterns that are explicitly patient-centred. It derives knowledge from policy, theory and personal knowing from nurses and patients (McCormack, Garbett & Manley, 2004). Although PD is unquestionably focused on patient care, it acknowledges the nurse in the caring relationship, and the relationship of nurses to nurses (Manley, Hills & Marriot, 2011). This acknowledgement is the basis for the person-centred approach of PD that calls on practitioners to review their practice and their knowledge base, values and beliefs (Ford & McCormack, 2000; McCormack, 2003) in an attempt to learn to know themselves and progress in their professional development.

Within a PD multiple day course participants were asked to make a list of what they perceived as their strengths and weaknesses. In addition, they were asked to write down how they could work on these identified weaknesses. This exercise of self-

reflection served as a mirror for Jane and as vehicle to look at herself more intensely. This phenomenon is called the mirror test (Gallup, 1970), discovering the person you are by examining yourself.

> *There is always an element where you are doing a self-analysis assessment task, and I think through that regardless. I mean, there always was a moment where the mirror is getting held up and you are having to look and go, oh, okay, I recognise these, these are the positive skills I bring and these, perhaps, are some areas that I need to work on. (Jane)*

In order to progress as a leader it is required that you ask yourself, "what kind of person do I want to see in the mirror?"

Over the last few years Jane has worked on some of those weaknesses. One of the weaknesses identified was keeping information to herself. Being more open and transparent was a behaviour Jane decided to work on. This working on behaviours was also triggered by receiving similar feedback from staff.

> *Sometimes you have things in your head that you don't translate to us (Jane).*

Receiving this feedback makes it two-way instead of one way, as it involves staff to act as travel companions on the learning journey in improving communication. Feedback can lead to a higher motivation to learn, in particular, when it was considered as relevant.

Jane was engaged with others to examine other people's perceptions of her role as a leader and manager. An important point to make regarding this action concerns the notion that in our relationships with others we learn about ourselves (Bennis, 2009).

> *Sometimes you can't see what's in front of you. So sometimes things like having feedback…… it was just important for staff to be able to identify what they see as a good manager and leader (Jane).*

Jane also undertook work with an Assistant Director of Nursing and discussed what an effective leader and manager would look like. Jane regarded this as a useful exercise because it involved distancing herself from her own perceptions, making her reflect on what is a manager and what is a leader. As part of her NUM Special Interest Group, a

similar process emerged, discussing the notion of what makes a good leader. CNLs cannot be expected to change leadership behaviours if they do not have a clear understanding of what desired behaviours look like. Through the help of self and others desired leadership behaviours were identified.

As a result of the discovered insights and the decision made to work on her behaviours, Jane purchased a notice board that she used to write information for staff. Jane is now more open, transparent and clearer with sharing information. This change become permanent as more than a year after working on the open behaviour, Jane still adhered to sharing information. Therefore, Jane has chosen desired deliberate behaviours. Reflection and feedback evoked a learning focus on weaknesses and strengths. Learning involves a positive attitude, the willingness to change and this experience became useful knowledge. Jane moved through the four phases of transforming conscious behaviours and arrived at a position of heightened self-awareness. The next perceived undesired behaviour presented is *flying off the handle*.

Stepping back

From flying off the handle to taking a step back

Flying off the handle was mentioned on many occasions and particularly in relation to dealing with staff members. This phrase indicates loss of self-control and it originates from North America alluding to the uncontrolled way a loose axe-head flies off from its handle. *Flying off the handle* arose out of the "in vivo" language used by the CNLs in this study such as: *losing control*, *out of control*, *loss of temper* and *being angry*. *Flying off the handle* was regarded as a negative behaviour and participants who moved through the phases of the social process transferred this behaviour into stepping back, a positive behaviour.

> *I have just gone off – you know, flying off the handle at that when I really should have sat down and thought about it. And there's also been a case in this where I have just jumped in, and I suppose you learn from those things (Cor).*

The quote above is in relation to addressing a staff member, expressed by Cor as *having a bit of a public*. It involved a heated debate in the corridor, which was far from an ideal situation and Cor's emotions got the better of her. But through reflection

Cor discovered that this way of leading staff was far from optimal and realised that she should have walked away and that she should have said: *I will talk about this later (Cor)*. Cor worked on her behaviour and changed her attitude following this incident as expressed by the following quote:

> *I guess you learn those things in time, looking back now, that is what I would do talk about it later (Cor).*

Ingrid described a similar event, but in relation to receiving and sending e-mails. Ingrid and one of the other unit managers occasionally had a disagreement, often played out through e-mail. Ingrid reflected on this situation and discovered that sending inappropriate e-mails does not contribute to an appropriate professional relationship. Ingrid decided to work on her behaviour and took another approach by meeting face to face, as she regarded this as less hostile.

> *I do fly off the handle occasionally. I will get an email from somebody about something and I'll just go rrrrrrrrrr and send it back and go, "Oh, no! Why did I do that? Why did I do that?" So I have learnt not to do that anymore. So I will reflect on that and now I leave the office before I respond (Ingrid).*

Emails can cause issues because they can be perceived as blunt at times and have the potential to be misinterpreted. Ingrid further explained that she is now very careful about how she replies to someone. The reply she would now send would be completely different. Another strategy she employed for handling her feelings was to spend a couple of hours on a Friday afternoon at the pub with the person in question before going home. Ingrid, like many other participants, took a step back and analysed situations prior to reacting, as highlighted in the quote below.

> *I do have a tendency to be a little hot-tempered sometimes. But I think I have learnt to try and manage that in that even though my persona might be one of calm, on the inside I actually could be quite angry. But I try not to convey that and it is not helpful …… I suppose it sort of makes you stand back and probably analyse and reflect on a situation prior to doing that. It does make me manage day-to-day issues now (Ingrid).*

Ingrid learned by stepping back that the relationships with staff and colleagues improved. It is also important to note that Ingrid moved through the phases of the process. Ingrid felt rather self-conscious when asked how these feelings of anger affected her in her leadership journey. During the interview she chose to clarify that she had not given me the impression that she flew off the handle very often, as that was not the case.

Flying off the handle was also observed by participants in the relationships they held with previous managers, as these were behaviours past managers at times displayed. These behaviours had a profound impact on the CNLs in this study. It made them realise and learn how not to do some things or behave in a certain manner. Claire described a situation where a particular manager would fly off the handle, blaming staff for an incident, which had occurred in the clinical environment. This manager would have her rant and rave and would then storm off the unit. However, the next day she would return with a cake for her staff. But what invariably happened was that Claire would be left to pick up the pieces following the emotional explosions. Claire learnt how not to behave in this way from this manager and in particular, she learned not to lose control by *taking a step back*.

Similar to *flying off the handle* was the awareness of angry behaviours. The reasons and circumstances of why these behaviours were triggered were recognised through reflection by many participants such as Jose:

> *At times I can be angry, over reactive. That's often to do with if you are not sleeping well or so I try to do that I have a chat with K…., like I have a bit of a swear - bloody hell, how did that happen, why -* ***but not to them.*** *No, but T… and I might go what the hell happened here? How did that go wrong? I have a bit of a vent (Jose).*

'But not to them' in the quote above relates to her staff. The significance of this axiom lies in the notion that Jose learned not to focus her anger towards her staff members, but instead used her peers as an outlet for her feelings. Jose further spoke about how she saw herself as a positive person, an optimist. She liked to see problems as challenges rather than problems. This helped her to stay in control of her feelings. The next section presents the behaviour of taking matters personally.

Seeing it in perspective

From taking matters personally to putting matters into perspective

Many CNLs took work related issues to heart. They felt that these issues were their own, holding them close to themselves. CNLs expressed the view that they required an attitude of detachment. This notion was reached through reflecting on self and behaviours of others. Some CNLs became upset about staff not appreciating a tidy and organised work environment. Rowena describes her learning as follows:

> *I have learned actually a lot, not to get too anxious about that because it is just wearing. It does not make a difference. You can rant and rave all you like; you cannot change peoples' personalities. But we can try to instil, say, this is important (Rowena).*

Through reflection Rowena became aware that in spite of staff possessing strong personality traits, you still can provide directions to improve the work environment. Having high expectations often contributed to personal involvement, and this emerged as a sub-category. Participants felt that they held these high expectations mainly in relation to best practice outcomes. High expectations at times led to becoming too personally involved in the provision of care. Through discovering and deciding to work on these behaviours, participants learned to handle these expectations. At times they clashed with the expectations of staff members, which led to an internal struggle, as Jane vocalised:

> *Sometimes I know that I have high expectations, which can be a problem for me because some staff don't have the same expectations and values. I do struggle at times with the expectations because I want to have the best care for my patients and families and sometimes that is not always possible (Jane).*

CNLs had to learn to find a way of dealing with these expectations. One of these was the action of *de- personalising*, not taking matters personally, which was a critical point in the mindful sense-making process of the CNL and involved *choosing a deliberate behaviour*. This behaviour entailed actively and consciously detaching the person from the issue.

Another example of putting matters in perspective is the occurrence of drug errors in the clinical area in which the CNL was in charge:

> *We had three drug errors - "oh, God, what's it going on." But you've got to take a step back, and think, is the unit busy? Is it the pressure - are they junior staff, are they relievers – what is going on that is actually caused these three drug errors - "Let's look at it" rather than thinking "Oh, God" and taking it personally (Jane).*

By seeing the bigger picture, Jane learned to view the drug errors in perspective and consequently was able to distance herself. As a manager and leader it was found difficult not to take things personally, or to see it as a bad reflection on the displayed leadership style. A good functioning work unit is seen as a reflection of the nurse manager's leadership capabilities and this notion increased pressure on the CNL. Some other learning strategies utilised in the *deciding to work on behaviour* was a change in attitude in looking at the situation from a more positive side and asking questions: Why did that happen? How can we improve it? What have we learned from it? In other words this meant having the big picture insight.

This change in attitude was articulated by participants as *de-personalising*. Listening to the voices of the participants when they spoke about this idea, one word immediately came to mind, which is "relativeren". This is a Dutch word which translates to put into perspective (Osselton & Hempelman, 2003). It is seeing the bigger picture, behind an incident. Kay articulated this well:

> *You have to think of it, take it in context, like don't try to blow things out of proportion (Kay).*

Jose was involved in a complex merger between two clinical areas, which was regarded by her as turbulent times. She became rather distressed and anxious as staff members would not tell her the issues they were experiencing in relation to this merger. The section below entails the unfolding story as seen through the eyes of Jose.

Members of an industrial body would frequently telephone Jose with issues that she had no knowledge off. E-mails sent to staff would be passed on to the industrial body for review. At that point in time it became distressing for Jose as she felt she was placed under the microscope. Examining and reflecting on her feelings Jose identified

that she had to start to learn not to personalise the events and not to react so strongly to the accusations made.

> *You don't have to act on everything – when everyone comes with complaints that you actually don't have to act on everything that was a key one (Jose).*

By receiving feedback from her Clinical Nurse Specialist, Clinical Nurse Consultant, family, and her husband, she discovered that the problem was not about her, but rather the merger of cultures coming together. Jose decided to take leave and during that time her attitude changed in relation to personalising. She saw the bigger picture and as a result, found most of the complaints became less overwhelming.

> *I think I became a big picture thinker…… So if you're looking at a flower - I think I see the flower in the paddock in everything, and a lot of people just see petals and bits and pieces (Jose).*

Many CNLs learned to manage their own emotions to attain personal detachment by moving through the four phases of the process. The last experience described involves using instinct.

Using instinct

Using instinct was regarded as both a positive and negative behaviour. It relates to automatic judgments as an unconscious act and can be caused by emotionally charged incidents. In other words, its dynamic goes directly from trigger to action. Many CNLs struggled with the question of whether they should trust instinct or rely solely on reasoning and evidence-based practice. The term instinct was used as it derives from an in vivo code and describes the actions and behaviours of the CNLs.

By using information and instincts, Jen articulated how she has learned to address staff in relation to low standards of care. Jen regarded her instincts as positive and she was aware of them and therefore she believed she did not have to change them. She gave an example of this by being careful in the way she approached staff by taking a lot of note of what was occurring within her work environment. This approach involved checking that information she received was correct and did not involve a personal attack, consequently maintaining a professional line.

> *You don't just rock in and say, "You are not doing it properly" without anything to back it up with (Jen).*

In asking Jen how she learned the behaviour she responded with:

> *I don't know how I learned it - in fact whether I learned it or not. I just did it instinctively because it is just like something – it is being fair and equitable (Jen).*

For Jen acting from an instinct also related to the values and beliefs she held, such as being fair and equitable. Jen further explained that there might be a reason that a person may not performing well by not being in the right frame of mind, because there might be some personal issues at play.

Cor described a situation where a staff member came into the office and told her exactly what he thought and why he believed that the unit was taking the wrong direction. She found it difficult to respond as her natural instinct was trying to argue: "I think we are doing the right thing and this is why we are doing the right thing". But in the back of her mind, she thought:

> *I don't want to shoot that person down, because it's important that we have staff who can voice their opinion (Cor).*

Cor discovered her instincts as she reflected on the event. In this case she was not required to work on it and make a change as she was well aware of her instincts and was able to control upcoming arguments.

Johanna described a situation where she had a colleague who was pressing her to listen. This person felt that she had something important to discuss. However, Johanna decided not to engage and did not handle the situation well and ended up in a confrontation with the other person storming off. After the incident she realised, that she reacted instinctively rather than actually thinking about the situation. After analysing the occurrence, she discovered that she should have understood why this person wanted to talk to her and why, as it was obviously that the conversation was important to this person. The change which followed related to the management of these instinctive tendencies. Johanna came to the understanding that working on these instincts improves relationships and develops positive responses to challenging people and circumstances (Goleman, 1998). Working on these instincts led to choosing a new

behaviour whereby Johanna made time for her staff, when they regarded a conversation as important. This was a common example that pointed to the coexistence of learning and behaviour modification.

Summary

This chapter presented the social process of *transforming conscious behaviours* which became visible through the voices of the participants and the experiences described. This process has four stages: ‘Reflecting’, ‘Discovering Behaviours’, ‘Deciding to Work on Behaviours or Electing not to’ and ‘Choosing Deliberate Behaviours’. These phases were the key to leadership learning among CNLs. Through critical reflection, CNLs were able to place meaning onto their learning, evolving through experiences from practice. These experiences were embedded in the social process and in this study identified as *becoming a sharing leader*, *stepping back*, *seeing it in perspective* and *using instinct*. These experiences in practice led to a better determination of how to incorporate the meaning extracted from this learning into their professional lives and leadership journey.

The identified process started with a level of self-awareness and moved to increased self-awareness. Participants learned to know themselves by moving through the phases and developed a better understanding of self. Moreover, moving through the process phases led to a change in leadership behaviours. The ability to successfully display changed behaviours was regarded as a personal achievement. Learning, reflection and practice, are interrelated, reinforcing aspects of the learning journey.

Chapter 7: The enablers and disablers

Introduction

In the previous chapters I described the opportunities in practice and the process CNLs were involved in when learning to lead. This final findings chapter explores the enablers and disablers influencing the learning journey either, positively or negatively. The enablers and disablers are identified as the theoretical concepts *bringing in the personae* and *being in the work milieu*. *Bringing in the persona* includes the category *living values and beliefs*. This theoretical concept and its category relates to CNLs using their personal characteristics including their values and beliefs in shaping their learning journey. It affects the way CNLs learn to develop through influencing the process of transforming conscious behaviours by either hindering or facilitating it. The theoretical concept *being in the work milieu* comprises the categories: *working in a place of complexity*, *having credibility in the speciality* and *perceptions of autonomy*. This theoretical concept and its categories are part of the context in which learning takes place. The context can either act as an enabler or disabler with the exception of *working in a place of complexity* and *having credibility in the speciality*, as it only has been identified as a learning enabler. This chapter starts with presenting the concept of bringing in the personae.

Bringing in the personae

Bringing in the personae related to the feelings that were evoked during the learning process, what kind of motivation was brought to the learning task, as well as personal values, beliefs and attitudes. Furthermore, *bringing in the personae* related to the kind of relationship the CNL as a learner preferred to have with the work milieu and others. Ann was aware of some of her personality traits and characteristics, which in some circumstances hindered her ability to learn. An example of a disabler was provided by Ann. She had become stuck in her own ways and she articulated this notion as a dog with a bone.

> *Some people say I am like a dog with a bone, I won't let it go, that is probably personality …… Personality is really everything*

> *that you are isn't it, and I think that sort of depicts a style of leader that you are, how you work with your group. I think it probably all comes from your underlying personality (Ann).*

It is interesting to note that Ann believed that her expression of leadership was to a large extent influenced by her personality. This notion was shared by many other participants. Learning to lead also triggered emotions and these emotions influenced the way CNLs handled the opportunities in practice and therefore were regarded as key factors in the learning process. *Flying off the handle* and *taking it personally* were examples of how emotions played a role. The CNL's personality as well as the various emotional factors shaped the affective side of a CNL's learning. The decision to work on their behaviours can be determined by personality factors. Cor and Barbara, for example, mentioned that they are not a closed type person, but are more open, and that is also the persona they brought to work. Being open can be regarded as an enabler for learning to take place. Possessing this trait helped in recognising opportunities in practice and helped in acting on them as it was easier for these CNLs to engage with other people. At the other end of the spectrum, some participants identified themselves as being shy, which blocked them from developing and therefore this characteristic can be seen as a disabler. An example of being shy as a learning disabler related to some CNLs not able to set up networks to help them to progress in their role.

> *I am quite a shy person so find it hard to make small talk or chatter to strangers or invite strange men into my office and have big long chat. I don't feel comfortable ……and that big networking is not strong because that is not part of my personality (Trudy).*

Trudy experienced having doubts regarding continuing in the formal leadership role as some parts of her personality prevented her from forming useful relationships with others causing a lack of supporting networks. Trudy showed insight into her personality, but was not able to use this insight in making an effort in establishing useful work relationships.

Jung (1971) believes the persona is the set of attitudes adopted by an individual to fit himself or herself for an appropriate social role, an aspect of the personality as shown to or perceived by others. Personality relates to the characteristics of the individual that contributes to consistent patterns of feeling, thinking and behaving (Pervin,

Cervone & John, 2005). Who you are on the inside governs, to a large extent, how you act and react to the outside and this notion can act as an enabler or disabler in learning to lead. For Thea feeling confident acted as an enabler:

> *I am confident person naturally, **that is me**, and I don't have any issues in addressing my staff (Thea).*

By possessing this attitude it became obvious that Thea was able to use feedback and undertook self-examination into her leadership behaviours. Confidence appeared to be a learning enabler.

During the interviews, many of the participants shared information about personal characteristics that they identified as relevant to their professional growth. It became evident throughout this research that in leadership development, the skills and behaviours learned by CNLs can be influenced by their attributes or traits such as beliefs, values and character, or in other words, their personae.

> *I think that my persona, for a long time is that I would probably, not necessarily disagree but would put another view. I was the sort of kid who if your mother said, "The sky is blue," I used to say, "Well, actually, it's black." Maybe it's partly to have an argument, maybe partly to say, "Well, how can you be sure? I want to challenge you. I don't necessarily believe what you are saying." ……I think I would always question and that is important in my job but it is probably something that I have done for a longer time (Johanna).*

By Johanna questioning ideas and decisions of others she developed critical thinking skills and enabled her to learn by seeking multiple sources to build her opinion. This also helped her to make more informed decisions. Part of the personae is the values and beliefs you hold and living values and beliefs emerged as a category of the concept bringing in the personae.

Living values and beliefs

Many participants spoke about their values and beliefs and how they affected their leadership journey. Through analysing the data it also became apparent that these values and beliefs can encourage or hinder the process of learning to lead. One of the values regarded as positive was being honest and being honest can be seen as an

enabler. Being honest contributed to establishing trusting relationships between the CNL and staff members.

> *I think honesty is a really main thing, and if you have that, your staff are going to believe in you a bit more and trust you and come to you - and that is one of my really high values, is honesty (Beverly).*

Participants' values were considered to be important in their relationships with staff. These values particularly related to the way staff were approached. Therefore, personal values and beliefs have influenced the way CNLs behaved towards their staff and the decisions they made to modify their behaviour towards them.

Beliefs in the context of this study were assumptions or views that individuals held to be true in relation to people, and concepts. Values are lasting beliefs or ideals of a person about what is good or bad and desirable or undesirable (Clark, 2008). Beliefs were developed over time and influenced through interactions with others:

> *I often think about what shapes your beliefs and how you work with people, I think that you are shaped a lot by the people you work with earlier on in your life (Johanna).*

This quote illustrates that values and beliefs helped to determine how CNLs will act and behave, especially towards others. Moreover, as previously presented values and beliefs also relate to how CNLs determined the impact of significant others. Therefore, the various concepts in this study are interwoven, being in line with a constructivist grounded theory approach (Charmaz, 2006). Values and beliefs had also important effects on leadership abilities and how CNLs responded to leadership opportunities in practice (Clark, 2008), influencing the learning process. In addition, values helped CNLs to weigh the importance of various alternatives and served as broad guidelines in situations.

Many participants were clear about how their values and beliefs had affected their leadership development journey. Certain values differed between the CNL and staff member, however the CNL came to the understanding that as long as the patient's safety and the quality were guaranteed, this was not a major issue.

> *You have to think about my values are not necessarily what everyone else's values are. As long as it is maintaining patient safety and quality …… it does not necessarily matter (Jane).*

A response like Jane's relates to accepting values held by others. This in turn aided in becoming part of the team. Jane was able to work with her values and had learned this through assessing her own values and values held by others. She learned what was important for her. This became evident when a staff member had been intimidating other staff members outside work hours. This form of harassment had been happening for a sustained period of time and no action had been taken to rectify the issue. Ingrid terminated the contract of the staff member as soon as she became familiar with the details of the occurrence, expressing, *"This does not happen on my watch."* Ingrid was praised for her action by many colleagues. This support aspect formed an important condition for further learning to occur.

Ingrid believed that dismissing the staff member was in line with her values. Ingrid felt this person was someone that needed to be dealt with immediately, as another staff member had been intimidated and harmed. Ingrid's values were of great importance in the decisions she made handling this issue. Ingrid experienced the rightness of her actions. After this incident Ingrid's relationship with her staff changed for the better, as the foundations for trust and respect were laid. This learning stimulated Ingrid to use and adhere to her values and beliefs in other situations.

The last example under the heading living values and beliefs relates to effective team work. Cor learned to consult with staff as she found that such an approach empowers people. In addition, Cor did not single out or give anyone special treatment:

> *For everyone – there needs to be set values and behaviours and people need to understand it as the one rule for everybody (Cor).*

Forming these beliefs had been shaped by previously observed incidents where the same rules did not apply to all involved. This became detrimental in forming effective teams, as feelings of injustice were created. Some of the CNLs made the values visible in their work as they learned, for example, to use them by seeing someone working outside the agreed ward values. Kay would pull them aside and say "I know such and such happened, but remember the values we would respect". It was seen as important to operationalise these values by directing people towards a positive culture.

Being in the work milieu

The awareness of work milieu was a central concern to me as it influenced how and what CNLs learned. Therefore, work milieu or context had a prominent place in this study. The acknowledgement of context is viewed by Charmaz (2006) as one of the strengths of grounded theory. Grounded theory should focus on meaning, action, and process in the studied social context (p.180). Other grounded theorists (Schreiber & Stern, 2001) also acknowledge the importance of social context. As active participants in the work environment, CNLs' interactions with their environment were central to the process of developing as a leader. The concept of *being in the work milieu* emerged by asking participants about their leadership learning experience. They consistently responded by placing leadership learning in the context of the environmental demands placed on them as CNLs.

The concept of *being in the work milieu* refers to CNLs' unique place of work in which learning took place. The health care environment is a complex and dynamic social environment, and this was well recognised by the participants. The work milieu in which CNLs learned to lead governs the quality and safety of provided care, hence their close involvement with the co-ordination of care. Most CNLs professionally developed by starting as a clinician and nurse, shaped by the choices they made to work in a particular area. This choice of area further determined the formal education they undertook to support their clinical role. Consequently, the context in which CNLs were operating played an important role in their professional development. Progressing in their learning could result in obtaining a formal leadership position. The contextual learning commenced with the majority of the CNLs completing a Bachelor of Nursing and with two of them completing a hospital certificate. After completion of their initial nursing qualification, each specialised in a particular area in nursing. This meant that their focus was concentrated on this area. It is in this speciality area where it was important to gain clinical expertise and knowledge.

This expertise and knowledge gained them credibility from peers and other staff members, an enabler for learning to lead. The expertise and knowledge for example helped CNLs to make informed decisions. On the other hand, specialising in one particular area was problematic for some CNLs as the specific clinical skills learned were hard to transfer to another area. This was experienced by Rowena who had

worked in a high acute area for several years and obtained a formal leadership position in a less acute area. Therefore, being highly specialised can be a disabler in learning to lead as too much emphasis is placed on specific clinical skills rather than leadership skills. However, the role of the CNL progressed past the chosen specialisation, entailing management and leadership learning and development. As the work environment has transformed over the last few decades, it has reflected a changing society and played a role in how CNLs developed. They need to learn to lead in an increasingly complex work environment. The theoretical concept *being in the work environment* includes the categories of *working in a place of complexity*, *having credibility in the speciality* and *perceptions of autonomy*.

Working in a place of complexity

Working in a place of complexity relates to the multifaceted aspect of the clinical environment where participants learned to lead. The participants had to find their role in a workplace which included many uncertainties. This complexity of the environment importantly allowed for learning to occur, therefore becoming a learning enabler. In some instances the complexity of the work environment led also to feelings of being overwhelmed that prevented learning. When situations like that occurred some CNLs referred to well establish routines.

> *It is hard for me to look at new things when it is so demanding I just do what I know (Rowena).*

Referring to what is known did not happen all the time. Rowena for example was able to engage in learning when she felt more at ease.

A good example of an enabling component of working in a place of complexity was provided by Cor, who had to take care of faulty treatment equipment:

> *The equipment packed it in and that is a huge deal because if we do not have water we cannot provide treatment to patients and we had a filled shift that day of 16 or18 patients. I had to really take control of that situation and direct people and delegate and make sure everything worked out and we actually needed to treat the patients somewhere along the line. Liaising with many different people, people to come and fix the equipment and then coordinating the floor, to see who*

> *needed treatment urgently and who did not and the ward clerk to organise patients to go into town. I was quite proud of myself that day because although I sort of knew what to do, when you are faced with a situation… I managed to lead that situation and I suppose from then, I thought I can do this job. I do have leadership skills and everyone seemed to listen and everyone went into the right direction. It was a real sort of pivotal moment when that occurred, because I knew, after that… and I received feedback from other people who said "Well, you did really well, you kept the ship afloat and nothing disastrous happened and everyone was safe". I took that in a really positive way and started to build on it (Cor).*

It is interesting to note that in this one quote many concept dimensions amalgamate, such as learning with others, self-awareness and feedback from others. Hence, the complex workplaces became a feeding ground for opportunities in practice and consequently resulted in developing leadership skills. This example is part of a common story among the CNLs. From such stories it became evident that CNLs undertake the challenge to build a practice environment that nurtures collaborations between a wide variety of healthcare professionals, create a safety culture and learn from this challenge (Ponte, Kruger, DeMarco, Hanley & Conlin, 2004).

Uncertainty was a component of being in the workplace and many CNLs took advantage of the uncertainties faced, by regarding them as learning opportunities. Uncertainty also related to constant changes and for Barbara it became part of learning to prioritise.

> *How the rest of my day is going to flow because often it changes and it is that prioritising of those essential things I need to learn (Barbara).*

The above quote is in relation to day-to-day changes which helped Barbara in becoming more skilful in setting priorities. Changes also related to the cost-effectiveness of care and accountability of CNLs, characterised by ideas such as patient involvement, decentralisation, competition, strategic planning and national health reforms.

The CNLs were expected to implement these changes into their work environment. Within the participants organisations many changes were initiated as a result of

national health care reforms and budget constraints. This was expressed by Beverly as "*when change chooses us"*, meaning that she could not influence the change. The CNL was often involved in leading the change management process, which contributed to further learning. This learning became apparent through the example of implementing a high volume care delivery model.

High volume care is based on the notion that by focusing on a limited range of high volume Diagnostic Related Groups (DRGs), maximum impact is achievable in improving the quality and value of care for patients. DRGs are groups of clinically similar activities for which a similar quantity of resources is needed. Currently, a relatively small number of DRGs account for a large proportion of hospital resources. The proposed change affected staff and as Clair expressed: "*It is never going to work unless the staff are on board".* Claire articulated that she had learned from leading previous assignments that staff involvement is crucial. Claire implemented this learning and communicated with staff, helping them determine the issues. It also involved motivating staff to undertake some of the work. Claire expressed her role as:

> *They do the work but I lead them through coming to me, problem solving (Claire).*

The changes brought upon her and staff members allowed for Claire to take the lead. Taking this lead contributed to learning opportunities in motivating staff to become involved in the changes. Most participants described this challenging milieu and how it influenced their learning journey. My opening question in the interviews involved describing their usual day and how they managed to get through it. It was designed as a question to ease into the interview. Interestingly, by asking this question the complexity of the work environment became visible. From this perspective, it also highlighted the notion that some CNLs struggled with being a leader in this challenging work environment. Answers like: *In a muddle (Ann) and Monday, dreaded Monday (Barbara)* indicated this struggle.

For most participants there were two aspects to contextual leadership learning: clinical leadership and operational. Clinical leadership related to ensuring that staff members have the skills, the knowledge and the resources, to provide care. In addition, managing and leading clinical units was regarded as clinical leadership, including

allocating nurses to the appropriate patients, having an overall picture of the ward and ensuring good patient outcomes.

> *I am the Clinical Leader of the ward and ultimately I set the standard for the care that we deliver here and that is through my leadership of the staff (Claire).*

Most CNLs were aware of the relationship between their expression of leadership and the quality of care provided. The other aspect can be described as "operational". That is, making sure rosters have been prepared, physical resources are in place and budgets are kept. For Susan, that aspect would probably take up the bulk of her day-to-day work. CNLs were also responsible for clinical guidance, clinical standards and communicating these to staff. This broad and demanding role was not always easy for CNLs to learn. Referring to Cor's earlier example involving the failing equipment, which was part of her environment, showed that Cor learned the importance of prioritising.

> *Prioritising quickly is the big thing I took away from it… knowing who to delegate stuff to. I learned to know that person would take more of a leadership role than the other person. The two main things I will take away from it is to prioritise quickly and act, and you need to delegate jobs appropriately to the people who can do that certain task (Cor).*

For Cor this event also became an opportunity to discover staff members' capabilities. This aided to make adjustments to staffing mix in line with acuity of the area. Thea realised that being in a busy environment called for delegation. Thea was also responsible for an out-patients clinic. In this clinic they collect large amounts of patients' hemodynamic data. When Thea first started in her formal leadership role she would "clean" the data using a particular machine. This process could take a couple of hours, taking her away from her leadership role. She thought:

> *I don't need to do that; that is why you have staff (Thea).*

Although Thea realised that she could delegate this assignment, she also established an understanding of the environment she was working in by undertaking some of the work herself. This helped her in relating to staff members, particularly when the machine was frequently breaking down. This breaking down was a cause of frustration among staff, but she was often able to defer this frustration by having an

understanding of the "cleaning" process and making suggestions to solve the issue. Thea previously had encountered leaders who did not have an understanding of the work environment, contributing to inappropriate decisions and grievance. This experience had left her disheartened, as she could not discuss issues with her manager. Hence, the decision to work on knowing her work environment.

Being present at clinical handovers was regarded as essential in providing clinical leadership. Some CNLs were not visible, others were. The ones who had learned to be present experienced that by being familiar with clinical information, they were able to make informed decisions. CNLs attending the morning clinical handover could be flagged on any issues that have arisen overnight and provided them with information in updating the patient flow and reviewing discharges. Importantly they used that opportunity to chat with staff and touch base.

> *I make a real effort to be there to start the day at 7:30, for them to see me as a manager and leader, that I am there with them, that I have an awareness of the day some quick decisions need to be made at that time and the staff turn to me because I am there, I am present, I am visible……. Showing them that leadership. That I am with the service, that is always my number one kick-off for every day, to be visible, for them to know I am actively involved in what is appropriate with the service (Kay).*

Being present was crucial for many as they held strong views that a leader should be visible. Some CNLs expressed issues surrounding lack of support when they had first commenced in the role of a registered nurse. As a result of this negative experience CNLs learned to monitor the team-dynamics in a demanding environment; keeping an eye on how the team was coping with stressful situations. Claire articulated this well as she described a situation when she noticed that one staff member was distressed, because she had a high clinical load. Claire decided to support this staff member by taking over some of her work and by re-allocating another staff member to this area. As an experienced clinician she recognised the importance of the high demands on staff coping mechanisms. Claire's decision to support this staff member was based on previous experiences as a clinical nurse where high demands had led to high anxiety levels and staff members falling sick. Kay was determined for this situation not to

arise in her area. Knowing your environment and acting on it accordingly was seen as imperative to gaining credibility.

Having credibility in the speciality

In this study most CNLs indicated that in order to develop their leadership skills certain conditions needed to be in place, and one of them was *having credibility in the speciality*. This credibility is well situated in the context of the health care environment, acute, sub-acute or aged care. Credibility in the specialty refers to having contemporary knowledge and experience in the area of practice, as this led to gaining respect from staff and peers. Having credibility in the speciality is an enabler only and therefore differs from the other categories, as they consist of enabling and disabling components. The next section will describe how CNLs gained credibility by understanding and learning about clinical requirements and skills. CNLs further believed that having clinical experience showed commitment and passion for the work of a particular health care team and their speciality.

Having credibility in the speciality is an enabler for leadership learning and it relates to holding clinical expertise in the area of practice. A lack of clinical expertise contributed to the perception of not being regarded as a credible leader. The road to leadership starts with becoming an expert in nursing practice. Many CNLs regarded themselves as clinical experts in the area of practice. In order to understand how and why these CNLs felt so strongly that clinical expertise made them more effective leaders, it is necessary to place their leadership development in a clinical context. Moreover, learning to know a speciality area alleviated feelings of insecurity. These feelings were contributed by lacking specific knowledge. The increased knowledge led to making more well-balanced decisions. Previously, CNLs may not have made the best decision possible. This is illustrated by Jen who made the decision to transfer a patient into a sub-acute area. The transfer caused issues in terms of compromising patient care. Jen lacked knowledge regarding specific patient care requirements. After being informed about the compromised care, Jen decided to increase her knowledge of the speciality she was working in.

For some CNLs not possessing the clinical knowledge made them decide to work along other nurses to gain experience and to study the speciality area through reading and enrolling into courses. More importantly they also gained an understanding of the

day-to-day operation of the unit. This combined learning strategy contributed to developing positive and trustful work relationships with staff.

> *I think clinical expertise plays quite a big role, because the staff have to believe in you. If you don't have the theoretical underpinnings that sit behind your status, people won't, trust you, won't believe in you. So, and how can you demonstrate high clinical care if you don't actually have the theoretical knowledge that sits behind it. (Kay)*

Theoretical underpinnings guided Kay's provision of care and leadership. To build on these underpinnings Kay was continuously undertaking educational activities. Kay was one of the CNLs who spent a large time of her career in the area she was leading, making it easier for her to decide on complex care related issues. CNLs such as Kay experienced that by using clinical skills, they were seen as clinical leaders by staff.

As part of working in a unit many CNLs still had direct patient contact not only when they were critically ill, but also to ensure that as a leader they were included in their care.

> *You need to be there as a leader. I need to provide clinical leadership, and to know about what has happened to the clients (Thea).*

Thea regarded patient-centred care as an important component of her clinical leadership. This focus had developed during the time she had worked in a variety of clinical positions. Cor shared similar thoughts around this notion.

> *Liaising with the patients, as I think it is important to make contact with the people you are providing a service (Cor).*

Having this patient-centred focus meant that CNLs often had to learn to balance between what they considered as their administrative role and their clinically orientated role. To keep a track on all workplace requirements, they learned to utilise lists or journals to ensure nothing was missed.

> *I keep my own journal and in that journal I have a list of projects and jobs that need to be done. Usually on a Sunday I will try and complete my list for the Monday, so I know what I am coming into the next day (Cor).*

As part of a support network the idea of using lists and journals was shared with other CNLs. This sharing led to a large group using this method to keep a track on their workplace requirements.

Many CNLs felt that they were obliged to utilise their clinical skills as part of their clinical leadership role, aiming for the best patient outcomes.

> *I am the person that gets dragged in …… depending on my day, "Oh, Barbara, can you come and do that?" and I think people recognise that I had high clinical skills when I arrived with certain skillsets that a lot of others can't do, and they will still ask me to come and do those sorts of things for them (Barbara).*

Being dragged in caused difficulties in finding a balance between the clinical part of the role and the management part of the role. Rowena for example being clinically oriented was of such importance that she spent most of her time on clinically related matters. For Barbara, however, it became a matter of learning to say no to clinical demands and to rely on the skills of the clinical nurses. Creating a list including all staff members and their skills helped Barbara in delegating certain tasks. Moreover, it was also a matter of 'letting go' of her previous held clinical role, to which she was still much attached. She came to this realisation, noting that her non-clinical work was largely neglected.

By observing previous managers it was recognised that clinical expertise is vital to gaining credibility as a CNL. Some of these managers were brought into the role with no or a limited clinical background and it was therefore difficult for them to operate well. For example, if the unit was busy, they were not able to work in that clinical environment to the same degree as managers with a clinical background. However, it was noticed that they did hold a different skill set in terms of finance and strategic thinking, which resulted in balancing the books, and drafting realistic business plans. Although, it was important to staff that managers could fit into the clinical environment. In case of an emergency, managers with clinical skills were able to work with staff or would have at least an understanding of what was unfolding.

Clinical expertise contributed to gaining respect from staff.

> *Having that respect from my peers probably on the floor has really assisted ……they still respect my clinical judgment when I*

> *am making decisions, about the service delivery, because I am still in touch (Barbara).*

Having clinical expertise was beneficial in making decisions on a larger scale such as service delivery. Some CNLs mentioned that they did not have the specialist clinical skills, but it was important for them to obtain them and therefore, it became part of their learning as a CNL. Spending time and working together with expert clinicians led to understanding the environments and at times led to gaining clinical skills. Therefore, leadership learning did not only entail leadership skills and behaviours but also clinical skills. In addition, CNLs felt that there was no need to possess every technical skill, but rather to acquire a good understanding. CNLs expressed the view that staff needed to know that they were aware of the context in which care was delivered. This understanding was seen as significant in relation to staffing skills, mix and levels aiding the appropriate allocation of human resources. Knowing the clinical environment led to understanding the issues of suboptimal staffing levels and the ability to reduce the associate risks. A lack of understanding of the requirements of the clinical environment could lead to filling vacant positions with staff that were not adequately educated: *"Oh well, It doesn't matter who we get, I can get all these casuals in here to fill my vacant positions." I don't think we are the most specialist ward in the world, but you don't want to put people at risk (Thea).* Staff not possessing the skills required for a particular area can contribute to adverse events.

Knowing the clinical environment also helped when staff would have a work related issue. For Beverly, therefore, clinical expertise was experienced as:

> *People will talk about certain problem procedures and I will know what they are talking about so I can actually relate to them. They will come and say, "I have got to do this neuro case, it's a laminectomy blah-blah-blah" and I will be able to talk back, to have that conversation because I know what they are talking about (Beverly).*

To increase this clinical understanding, some participants learned to combine the administrative and clinical roles by working in a clinical capacity once a month or once every six weeks. To provide direction to her staff and to solve communication issues Kay worked 'on the floor' up to three days a week. Her rationale for this was to provide clinical leadership in the area. She would be available to staff for ongoing

communication issues. Rowena, in contrast, tried to have two days a week as ‘management days’, meaning no clinical work. But still on those days she would assess sicker patients or the ones she has been concerned about. By allocating time for certain issues CNLs learned to balance their clinical and management components. Leaning towards one component caused difficulties in leading the area. Therefore, the main learning CNLs took away was setting allocated times for clinical and non-clinical tasks.

> *I try to have two days as management days, so I do not do clinical work. I still on those days will go out and have a look at the sicker patients or the ones I have been concerned about and I am always involved (Rowena).*

For some participants the clinical involvement gave what they named ‘substance’ to the role of the nurse manager and the motivation to learn to be a clinical leader, as essentially they felt that clinical work was part of being a nurse:

> *It is the clinical interactions with the patients, the families, the medical staff, the nurses - that's what stimulates me to keep coming to work every day (Jen).*

Some participants could recall moments from the early days of their careers, having respect for their nurse managers as they possessed good clinical knowledge. This respect was based on knowledge and tips, anecdotal evidence, evidence-based practice and the willingness to share this. Observing others and reflecting on their behaviours made clinical expertise stand out from other skills. This was expressed as feeling confident that even in cases of short staffing, or complicated patients, staff could rely on the manager to run a steady ship. Decisions regarding the ward or unit were based on clinical experience.

Most participants agreed that clinical knowledge was needed and important in their formal leadership position as they carried some clinical responsibility. Although some participants wondered if this knowledge needed to be specific to the speciality, as it was believed that transfer of knowledge, skills and leadership qualities from one clinical area to another was possible. It was also believed that having clinical skills was only a component of the role:

> *I think you actually need a hell of a lot more than clinical experience (Claire).*

Driving the service forward was regarded as crucial and was seen by some as more important than having the clinical skills. Their view incorporated the idea that there are other people who can do the clinical job and can do it well. For some clinical expertise became less prominent as their role was changing, as a result of shifting organisational priorities. Nevertheless, they kept in touch with the clinical care delivered on the unit.

> *Whilst I don't have a lot to do clinically I feel I have a very much oversight role of that (Susan).*

Some participants found that they were relying more on the clinical nurses as senior registered nurses were undertaking the day-to-day supervision of clinical care being given. Although it was seen as important to look at the big picture by joining handover once a day and joining multidisciplinary meetings to track the movements of patients.

It was found that clinical knowledge was still used but in a different way. Some of the CNLs' concerns related to patient flow. If there were any major patient clinical problems or social issues that emerged, which stopped the patient from being discharged, the clinical knowledge was used. For example, Jen learned from attending conferences that best practice shows that patients diagnosed with a Cerebrovascular Accident (CVA) have better outcomes when cared for at a stroke unit/CVA unit (Cadilhac et al., 2004). Therefore, it was a priority for Jen to ensure that any newly diagnosed CVA patients would be admitted to the Stroke Unit. These actions led to building credibility as a clinical leader among her staff members and led to better patient outcomes.

Perceptions of autonomy

In this study *perceptions of autonomy* means permission to practise and try newly gained leadership skills and behaviours. Experiencing this phenomenon became an enabler for leadership learning. Experiencing a lack of autonomy becomes problematic in implementing newly learn skills and behaviours and therefore can be seen as a learning disabler. This was an experience some CNLs encountered such as Johanna, relating to one of her previous managers:

> *She started to tell people what to do, started to make decisions for them, started to in some ways micro-manage them, not give them freedom to practice within the scope of their knowledge and skills. So those sorts of people gave me no opportunities to fill in, in management roles (Johanna).*

This perceived lack of autonomy had a negative effect on the professional growth of the CNL. For Jen the lack of autonomy was even harder as she became frightened to try new ways of working, it prevented her from learning. Jen describes this environment as autocratic.

> *There was no negotiation. You couldn't negotiate so you couldn't, "Oh, well what about the…" "No! That's it."... I was really, really scared when I first came there it was all a bit, "Oh my God" It was a bit trembling in my boots all the time. That's had a big impact on me. Because of the negative effects it had; it stifled my growth and learning (Jen).*

Jen has worked in many organisations and the example above relates to just one of them. Jen also has experienced the positive sides of autonomy as it relates to the capacity of the workplace to accept and encourage individuals to be creative and different, with a view to develop outstanding workplaces. A previous deputy secretary of the Health Department in her encouragement to develop leaders and managers spoke often about giving permission. What she meant by that was that managers and leaders had been given freedom to try out new ideas. Some of the participants incorporated this notion into their practice, resulting in trying new behaviours. Johanna experienced the notion of permission or autonomy through the words of a previous manager:

> *"This is an opportunity for you to do what you want". So instead of saying, "This is what you have to do every day," giving me some free reign to make mistakes. I guess she had faith that I would not sack everybody or burn the place down, but that I would be able to do things, make some changes if I wanted to do things my own way (Johanna).*

Practising in an environment in which she felt free stimulated Johanna to make changes and to learn from mistakes. Claire's *perception of autonomy* was expressed as "free reign".

> *I was given free reign to practice within the scope of my knowledge and skills, which helped me develop (Claire).*

This "free reign" contributed to Claire's learning, by expanding her knowledge and skills. Thea spoke about her learning journey starting predominantly from a previous position (clinical preceptor) held. She regarded this role as a significant contributor to her leadership learning. This role allowed her to practice in a variety of clinical areas, leading to a diverse range of experiences. More importantly, the associated autonomy accelerated her learning.

> *It certainly helped to develop these leadership skills more because we had autonomy of our own in those positions and then you are working all over the place so you had to you know, have good communication skills with the different people (Thea).*

In this instance, it is interesting to note that a clinical preceptor role is not regarded as formal leadership role, but was used for leadership learning.

Perceptions of autonomy included the sub-category *being supported*. Receiving support from managers created an environment where CNLs could and were encouraged to learn and to exercise a particular style of leadership.

> *I am fortunate enough to be supported to do that by my managers, to be able to lead in that particular way so it is a style that I would frequently use but I'm also supported to manage in that way (Barbara).*

Through this support Barbara was able to develop her own style of leadership. Being supported was also expressed by Jen and the importance of a supported learning environment was stressed:

> *I was so supported in that growing experience. Just really probably flourished in my clinical leadership skills but also just that reminder and just reconfirming how important that learning environment is and that, the support that is required, and how people can just fly (Jen).*

Jen experienced positive work environments, which contributed to accelerating the development of her skills. Being supported also relates to trusting the CNLs to manage and lead the clinical area during the absence of their managers, prior to moving in a formal leadership role. This trust led to the opportunity to act in formal leadership roles. For Claire this was a good preparation in learning the role of a CNL.

> *When I was acting I did all the difficult conversations with staff and the staff management issues and all that, so I was really lucky in that I have been exposed to that because that's actually what's really difficult (Claire).*

For Claire it was a necessity to have been exposed to this learning prior to moving into the formal leadership role.

Summary

This chapter presented the enablers and disablers having a deep impact on the leadership journey of CNLs as it exposed the conditions for learning to occur. CNLs' personae to a large extent influenced learning outcomes, either in a positive or negative way. It was found that being open to reflection resulted in learning. CNLs who identified themselves as being shy experienced difficulties with the opportunities in practice. CNLs' values and beliefs played an important role in the way they behaved towards staff and their ability to change behaviours. By carefully examining the values and beliefs held by others, CNLs learned what was important for them in expressing leadership. Working in a place of complexity stimulated CNLs to find their role within this environment and triggered learning by responding to opportunities in practice. Work environments in which CNLs learned were those in which access to support was available. Such environments also provided opportunities for growth of knowledge, skills and behaviours.

The ability to experiment within a leadership role as a result of being supported enhanced the opportunities in practice. It was important to possess clinical expertise to progress into the formal leadership position. CNLs that were clinically experienced gained credibility among staff and this contributed to the ability to make informed decisions. This final findings chapter concludes all results and from these a theory of learning to lead has emerged. The next chapter will present the theory.

Chapter 8: A theory of clinical nurse leadership learning: responding to the opportunities

Introduction

This constructivist grounded theory (CGT) study was conducted for the purpose of generating a substantive grounded theory of the learning process CNLs were engaged in when learning to lead in a clinical environment. Participants were open in sharing their experiences of leadership learning, and a rich description of this complex social process unfolded. The meaning of CNLs learning is found through shared understandings, in line with a constructivist paradigm, which recognises that meaning is created through this shared understanding. A CGT approach enabled me to dig deep into social realities and to develop a substantive grounded theory. The process uncovered human interactions and actions that influence leadership learning. According to Charmaz (2006), the key feature that distinguishes a grounded theory from other qualitative research is the explication of theoretical concepts that makes the inter-relationships between the components of the theory visible. Therefore, the inter-relationships between concepts and categories will be made clear in this chapter. The theory developed is grounded in data from 19 interviews and constructed from the findings presented in Chapters five, six and seven. The constructed grounded theory of *responding to the opportunities* demonstrates a learning process, concentrated around the notion that participants respond to learning opportunities in a variety of ways. (Campbell, 2011).

The substantive grounded theory in this chapter opens with a brief overview of the theory. This is followed by discussing the identified opportunities in practice. The learning from these opportunities was influenced by the enablers and disablers, discussed next. How participants responded to these opportunities in practice and how these responses led to learning is then outlined. The process of *transforming conscious behaviours* provides an understanding of the various phases of learning to lead. The chapter will conclude with a summary of the substantive theory.

The substantive grounded theory

CNLs learn to lead in practice through transforming emerging opportunities into learning. Learning occurs by engaging with different experiences as they arise. The opportunities in practice present themselves in a complex work milieu. There are three responses identified in terms of how CNLs handled these opportunities: *knowing it already*, *blending in* and *activating*. The response can differ for the individual CNL with each opportunity presented. The response depends on relevant circumstances or conditions: *being in the work milieu, having credibility in the speciality, perceptions of autonomy, bringing in the persona* and *living values and beliefs. Knowing it already* does not result in learning. Therefore, the methods of learning to lead are blending in and activating. Both blending in and activating involve a four stage process: reflecting, discovering, deciding and choosing, labelled *transforming conscious behaviours*. Reflecting leads to the discovery of behaviours, followed by deciding whether or not to work on those behaviours. A choice is made to use newly learned or altered behaviours and a change can occur by either adjusting to a current situation or by challenging the situation. Both methods entail a redirection of the way CNLs engage with their world. Progressing through the process CNLs move from one level of self-awareness to an increased level of self-awareness. Finally, *responding to opportunities in practice* in various ways leads to *making it your own*, a leadership style which is a result of the accumulation of all experiences encountered.

Figure 8 depicts the Theory of *Responding to the Opportunities in Practice* consisting of many circles, representing the complex components influencing leadership learning. The inner circles with the responses of blending in and activating involve learning, triggered by an attitude of openness. Learning is vital to leadership development and therefore these responses are situated in the centre of the model. The enablers and disablers are the conditions under which the opportunities emerge and are responded to. Therefore, these conditions have been placed in the outer circle as they serve as the context for leadership learning. The description of the model starts with describing the opportunities followed by the enablers and disablers and finishing with learning to lead, which is situated within the social process.

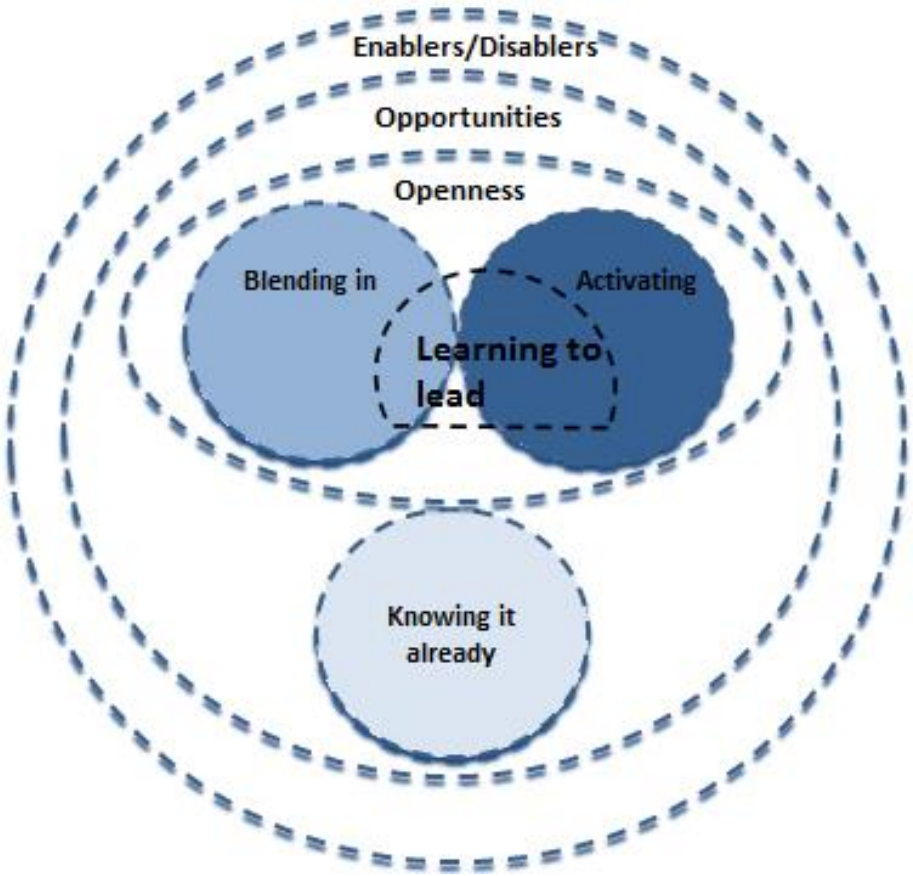

Figure 8: The Theory: Responding to the Opportunities in Practice

The opportunities in practice

The substantive theory provides an understanding that opportunities in practice need to be recognised. This recognition or awareness may occur much later after the encountered opportunity and subsequently also the learning taken from it. The opportunities in practice handled by the CNLs were often strong in nature, as participants could recall and define the exact moment of learning. However, in the CNLs perceptions they needed to be *something worthwhile (Jane)*. CNLs used the opportunities in practice as a vehicle to learn. Learning occurred through encountering situations or opportunities requiring the attention of the CNL. Learning was not always planned, it occurred arbitrarily and idiosyncratically. Learning also entailed actively seeking opportunities for development. Opportunities differed from CNL to CNL and from situation to situation as learning occurred in context. Three concepts constructed from numerous opportunities are: *recognising the impact of significant*

people, optimising staff relationships and *integrating formal information*. In others words, these opportunities could be articulated as learning from and with others and learning through education. Participants were stimulated to learn by receiving positive reinforcement from a range of people at work. It has therefore become clear that CNLs are not able to learn to lead and change by themselves, as they require others. This highlights the notion that learning to lead is indeed a social process, and was inherent in all three theoretical concepts.

Recognising the impact of significant people

Significant people were often seen by participants as role models in either a positive or negative way. The label "Significant People" was used to highlight the profound influence these people had on the leadership learning of the CNLs. Significant people may be close or distant to the participant. Many significant people were identified by participants as previous managers and peers. The participants gave accounts that included significant people that they used as role models. Learning took place through observing these significant people in action and by extracting lessons learned from this observation.

Optimising staff relationships

The CNL's ability to build and maintain positive relationships with staff also influenced the leadership learning process. It was the human component of relationship issues that presented continuous challenges for the CNL and this led to learning. Optimising Staff Relationships was identified as a social event. Dialogue took place with staff and dialogue is an essential medium through which learning can occur (Mezirow, 2009), particularly when dialogue relates to the feedback provided to the CNL.

Integrating formal information

CNLs used courses and readings to further develop themselves and being engaged in such activities enhanced CNL's abilities to learn from practice. Formal education helped participants extract more from their subsequent learning opportunities (McCauley et al., 1994) by integrating education and opportunity.

The enablers/disablers

Reponses to the opportunities in practice can differ depending on the circumstances. These circumstances can be both seen as enablers or disablers in the learning process. They have been identified as: *being in the work milieu, having credibility in the speciality, perceptions of autonomy, bringing in the persona* and *living values and beliefs.*

Being in the work milieu

Being in the work milieu was often experienced as a challenging place to be; as many CNLs felt ill-prepared for the formal leadership position they held. Feeling unprepared mainly related to issues arising from engagement with staff members. Standing apart from staff was a lonely position to take. CNLs felt at times ill at ease and wanting to prove themselves in terms of performing well. This feeling unconsciously led to dealing with unexpected events, transforming them into learning, leading to a natural progression and therefore advancing their leadership skills. It was also a matter of not letting these opportunities pass by being open to them.

Having credibility in the speciality

The more experienced and knowledgeable a CNL was in the area of practice, the more respect she received from staff, creating a situation in which an active response was more easily triggered. Staff would accept and/or support the active response as they admired the CNLs' way of leading.

Perceptions of autonomy

Another enabler/disabler identified relates to perceptions of autonomy or being given free reign. CNLs believed that if they had freedom within certain boundaries, it was easier to activate opportunities in practice. This perceived freedom also created a situation in which opportunities easily emerged and allowed for a choice to experiment with them.

Bringing in the persona and living values and beliefs

The CNL's personality affected how she handled the feelings and emotions that were evoked by the opportunities and what kind of motivation she brought to learn from the

situation. Part of the CNL's personality involved holding certain values and beliefs. Adhering to them influenced the way CNLs responded to the opportunities.

Responding to the opportunities in practice

Responding to the above opportunities in practice is the crux of this theory and entails the way CNLs made sense and gave meaning to them. Moreover, it also shaped the CNL as a person as they often were involved in looking closely at themselves. CNLs assessed feedback received from others and compared this with their perceptions of self. Therefore, responding is not only a matter of being open to learn but also involves processing opportunities in practice.

The responses

At times CNLs were not engaged in learning as a result of a fixed way of leading and this notion has been labelled *knowing it already*. It means that there is no readiness to engage in learning and the opportunity is not recognised as such. This way of responding is based on previous experiences on which they have built their beliefs. They serve as a blue print and are formed throughout (working) life. At times beliefs are very hard to change as they are anchored in a system of behaviours and emotions. This belief was articulated as: "what I am doing is okay". On the basis of these beliefs and earlier experiences, CNLs developed certain familiar ways to solve common problems, based on success (success formulas). These successes diminish the search for feedback and the attention payed to it, as they see no reason to change (Lindsley, Brass & Thomas, 1995). Therefore, CNLs may not be aware of the learning opportunity presented and this leads to letting the opportunity pass by. Moreover, there was a focus on short-term solutions detracting from the ability to learn. Within this response a happening took place called "thinking about", which left CNLs with thoughts instead of undertaking action.

Opportunities or experiences can also threaten the way a CNL thinks and this blocks other ways of responding. Knowing it already can be such a strong response that even in spite of events not turning out well, it did not stop the CNL responding in this way. The response also relates to the fear of not being able to handle feedback as experienced by some CNLs. It can be a form of self-protection against perceived threats and therefore minimal or no processing resources are allocated. However, this

does not mean that these CNLs do not lead. Indeed they are often engaged in actions related to making people work in a way the CNL is most familiar. However, responses are not set in concrete, as another opportunity would present itself, where CNLs may decide to respond differently, such as blending in.

Blending in consists of two components. The first one relates to learning about yourself entailing self-examination in a way that perceptions others have of you join together with your own. In this way the solitary position of a CNL becomes less lonely. The second component relates to blending into the way work is undertaken in a certain area. Opportunities are played out in a social environment; it is evident that learning takes place in this environment. CNLs attached meaning to the situation by observing and interpreting everyday events in the practice environment. Blending in relates to socialisation inherent to the practice environment or organisational culture. Within this social construct CNLs required a sense of belonging. The blending in response occurred when the CNL's views on the situation were adjusted in such a way that earlier beliefs and behaviour patterns were confirmed and were more or less congruent with the unfolding event. Therefore, CNLs did not engage in challenging the situation or themselves for that matter.

Often reasons to respond by blending in were adopted to avoid feelings, such as being uncomfortable and not wanting to stir the pot. This response avoids clashes with others. The other reason to respond in this way related to the CNLs social desire of belonging. This was expressed in wanting to be part of the team, which required blending in at times with the existing values and norms held by the group. This is a natural response as it is impossible to challenge everything that is encountered in practice. They were not encounters that went against CNLs' values and beliefs and left them uncomfortable. Hence, this type of learning can be seen as learning to adjust to the situation.

The final response is called activating. This response has been identified as the critical method of learning as it involves challenging the self in such a way that it creates a high potential for changing behaviours, the crux of learning. In learning to lead it is important to have insight and be aware of your beliefs, success formulas and the process of learning. Developing new behaviours requires a review of values and beliefs underlying leadership practices (Rimanoczy, 2007). Activating involves

making new interpretations that enable CNLs to create new meanings. This notion directly relates to using the *transforming conscious behaviours* process, which in this grounded theory study is the basic social process. It is clear that all responses influence leadership learning in a way. This can be seen in Figure 8, in which blending in and activating shows learning and knowing it already lacks learning. It is important to note that these responses are triggered again for each opportunity presented.

The process of transforming conscious behaviours

When a CNL is open for recognising and activating the opportunity presented the ability to critically learn is great. The steps in the learning process convert an experience into a change or behaviour adjustment and this can be regarded as leadership learning. In terms of this research, the preferred way learning to lead has been identified as following the *transforming conscious behaviours* process situated within the activating response.

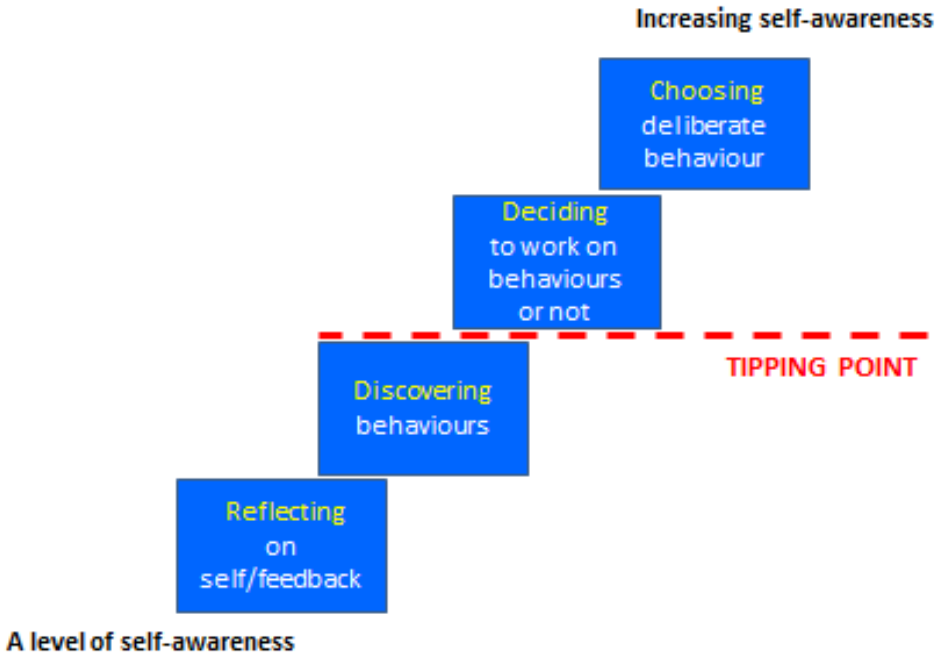

Figure 9: The transforming conscious behaviours process model

The *transforming conscious behaviours* process involves four phases as depicted in figure 9:

1) Reflecting involves self-examination, experience and feedback from others;
2) Discovering un/desired behaviours;
3) Deciding to work on these behaviours or electing not to do so; and
4) Choosing deliberate behaviours

The *transforming conscious behaviours* process model (figure 9) represents the process as sequential and progressive. The process is illustrated as movement in an upward progression, as it can be seen as a process of evolution and personal growth. The *transforming conscious behaviours* process starts with one's sense of self-awareness moving to a position of increased self-awareness. This is triggered by reflection, self-examination and feedback from others. Identifying strengths and areas of development resulted from each CNL's acceptance of feedback from others and their self-assessment. CNLs' leadership development continues throughout their professional career. This continuation occurs as the process for the next encountered opportunity commences again. The development evolves into a changed or adjusted style of leadership, identified as *making it your own*. The participants who learned to lead moved through all of the stages. All participants learned more about themselves by experiencing the *transforming conscious behaviours* process.

Reflection

The first phase in the social process is reflection. It is necessary to reflect on an experience to learn as one goes forward in the activating or blending in response. Reflection became the first step of becoming aware of the situation and the role the CNL played. Therefore, reflection on self and received feedback through means of the encountered opportunity led to discovering behaviours, either experienced as a strength or a weakness and requiring adjustment.

Discovering behaviours

Discovering strengths or positive behaviours increased self-efficacy and contributed to a desire to learn more. Often a focus was placed on the behaviours considered to be a

weakness or that required adjusting. Discovering behaviours is followed by a phase of deciding. An active choice is required to work on adjustments, weaknesses or perceived undesired behaviours and to expand on perceived desired behaviours.

Deciding

The deciding stage in the process is crucial as this opens the way to changing or adjusting behaviours. The decision to work on behaviours is the tipping point. Once having reached the deciding phase, many CNLs were motivated, and demonstrated a willingness to undertake the effort to change or to adjust. CNLs believed that this change or adjustment would help them to become a more effective leader. The decision to make a change involved taking themselves out of their comfort zones. Stepping out of their usual habits became a personal achievement. The motivation, drive and commitment to work on behaviours are important factors in reaching the tipping point. The tipping point is a point of progression, a critical stage in an evolving situation. This study has shown some great examples of decisions made to work on behaviours resulting in change. These examples include: From keeping information to oneself to sharing information and being open; from flying off the handle to taking a step back, and from taking a matter personally, to putting matters into perspective, and from being instinctive to using reasoning.

Choosing

Choosing deliberate behaviours relates to the final phase in the social process. It is the redirection of the way CNLs engaged with their world and involves implementing and using the newly learned or altered behaviours in practice. Reaching the last stage of the process involved forming a new reality as attitudes and beliefs changed. Behavioural change that is fully integrated occurs only through the re-examination and reconstruction of reality. A reconstructed or 'new' reality allows new behaviours to continue in the presence of the practice environment (Zigarmi, Blanchard, O'Conner & Edeburn, 2005).

Successful learning depends on altering existing leadership behaviours or creating new leadership behaviours. Thus, successful learning implies change and is complex in nature. This complexity is caused by a tension of parting from the person you are but in another way trying to remain yourself. In other words, CNLs incorporated new or

altered behaviours in their leadership style, but tried to remain the person they ought to be. CNLs handled the altered or new behaviours by channelling them towards certain events instead of using it continuously. In this way the change did not apply to all leadership interactions. They had learned to make a switch from an existing behaviour to a newly learned behaviour depending on the issues emerging. Finally, the construction of the theory relates to the participants' stories who have tried to understand and to make sense from their experiences both with me as a researcher and themselves. It is out of these multiple constructions that knowledge is built (Corbin, 2009).

Summary

The theory of clinical nurse leadership learning: responding to the opportunities is complex in nature. Recognising the opportunities in practice as worthwhile can be seen as the essential condition required for learning to lead. These opportunities have been conceptualised as *recognising the impact of significant people, optimising staff relationships* and *integrating formal information*. In order for learning to occur two responses namely, *blending in* and *activating* are required to be deployed. The third response *knowing it already* does not result in learning. The first two responses involves going through the *transforming conscious behaviours* process. Experiencing the phases of: *reflection, discovering behaviours, deciding* and *choosing* led to personal growth by reaching an increased self-awareness. *Blending in* took place were earlier beliefs and behavioural patterns were examined and conquered with the situation at hand. However, *activating* has been identified as the critical method of learning as self-development in terms of changed behaviours takes place. It is therefore important in developing nurse leaders to stir them in the direction of activating opportunities in practice. This substantive grounded theory offers a new perspective on how CNLs learn to lead in practice.

Chapter 9: Discussion

Introduction

This study has generated new understandings of leadership learning in practice, which are contingent on contextual conditions (Charmaz, 2006 p. 120). The interpretation and theorising, resulting from this grounded theory study, is presented as one perspective, consistent with the constructivist approach. Learning to lead has been found to be a complex journey, made up of many events which emerge from opportunities in practice to which CNLs responded in a variety of ways. The constructivist grounded theory of how CNLs learn to lead in practice captures the complexity of that learning. It was found that the identified *transforming conscious behaviours* process was essential to changing behaviours. This process is part of the generated theory, which provides a holistic interpretation of learning to lead. The discussion that follows is presented in four parts under the major headings: *opportunities in practice*, *the enablers and disablers*, *transforming conscious behaviours; the transforming conscious behaviours process* and *making it your own*. The layout of the discussion is depicted in figure 10. This chapter will discuss the theory in the context of the literature.

Opportunities in practice

The presence of learning opportunities in practice[1] in this study was strongly and positively related to the actual attainment of new and altered behaviour. When reviewing the literature after the conceptualisation phase I looked at the work of Van Ruysseveldt and Taverniers (2010). Similarities between the theory developed in this study and the work of Van Ruyssevelt and Taveniers (2010) were identified following the development of the theory.

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[1] Major opportunities in practice in this study have been identified as the impact of significant others, optimising staff relationships and integrating formal information.

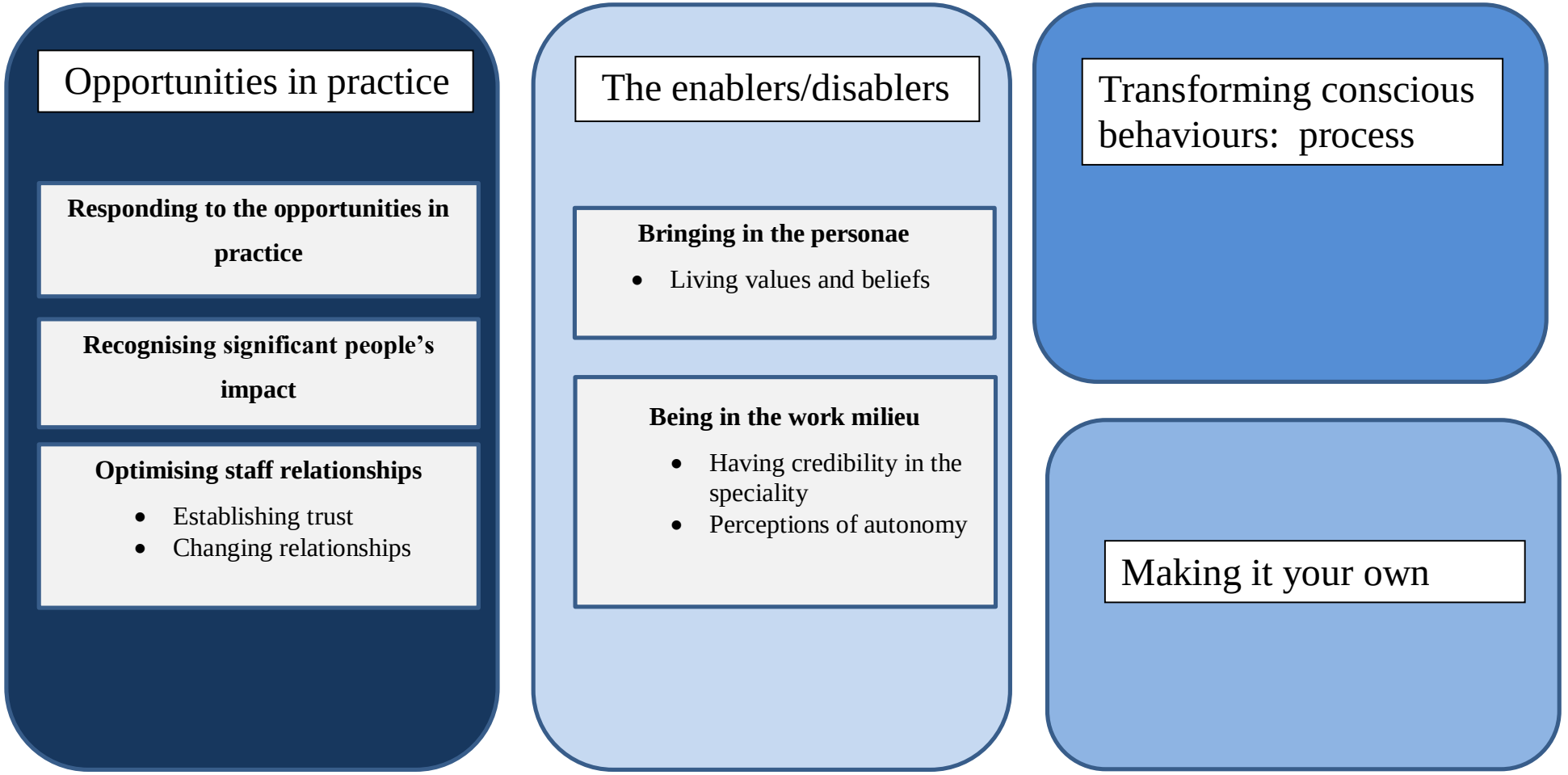

Figure 10: Discussion diagram

These scholars, defined learning opportunities as '…the extent to which work stimulates growth and development of the employee' (p. 11).

Opportunities are a set of circumstances that makes it possible to do something (The Oxford Dictionary of English, 2010) and are considered to be a precondition to leadership learning in practice. The opportunities had the potential to develop into events, as seen in the example of failing equipment (see page 144). Such events often challenged the CNLs. This meant that at times they provoked feelings of anxiety, described by Zeichner and Liston (1996) as a sense of uncertainty or unease. However, in responding to the opportunities, these opportunities often became 'key learning events' (Lindsey, Homes & McCall, 1987). Congruent with the experiential learning cycle of Kolb (1984) the key learning events also included reflective observation and experimentation. Thus, learning opportunities stimulated the activation of reflection ultimately leading to changed behaviours.

By handling the key leaning events CNLs used existing leadership knowledge and behaviours. The events were used to build on this knowledge. This notion is in accordance with earlier research in the area of workplace learning. Holman and Wall's (2002); Morrison, Cordery, Girardi, and Payne (2005) and Poell, van Dam and van den Berg (2004) argue that the workplace can be perceived as an environment where people can utilise existing knowledge and skills and a place offering opportunities to develop new knowledge and skills. However, these scholars did not mention behaviours. This is surprising because the findings of this study indicate that changed behaviours are the outcomes of learning.

Within the workplace, knowledge, skills and behaviours are formed in a social context, originating in social interactions and with the likelihood of being disseminated via social interactions (Brown & Duguid, 2000; Doornbos, Bolhuis & Denessen, 2004; Salomon & Perkins, 1998). The interactions with other people in the work milieu take in many learning opportunities (Eraut, 2004; Poell et al., 2004) but surprisingly draw little attention in the literature on nurses' continuing leadership learning.

Responding to the learning opportunities

Three overt responses to learning opportunities were identified: knowing it already, blending in and activating. CNLs make an interpretation of the opportunity and attach meaning, which relates to Mezirow's (1990a) idea that learners interpret experiences encountered in daily life and act on them. A CNL uses this interpretation to either respond by knowing it already, blending in or activating.

Knowing it already in this study has been determined as non-learning. This notion is challenged by Elkjaer (2004) as he argues that people learn all the time and therefore cannot be restrained. His argument is supported by other scholars (Candy & Brookfield, 1991; Bolhuis, 2012; Merriam, Caffarella & Baumgartner, 2007), who also argue that learning takes place constantly. However, in the context of clinical nurse leadership learning, it has been found that CNLs at times do not learn. Nevertheless, it is important to note that the individual CNL used all three responses throughout their professional life. Learning occurs in some situations and in others it does not. It has become evident that knowing it already relates to using personal heuristics for handling information and decision-making in practice. CNLs actions have become routine, preserving energy. In the literature this is known as habitual action (Kember & Leung, 2000), or as described by Schön (1987) as knowing in-action. Nevertheless, these habitual actions at times do not work out, as seen in the example of providing post interview feedback (see page 123). The outcome of what was regarded as routine feedback was far from ideal, but the CNL in question did not examine her own behaviours carefully.

Learning is by definition changing (Bolhuis, 2012) as seen in blending in and activating, although this may not always be noticeable. It may well be that a significant part of learning to lead, whether processes or outcomes, may remain implicit. This could be attributed to the outcomes being interwoven in daily performance and at times CNLs being unaware of their learning. This notion has consequences for planning leadership development. There is consensus in the literature (Berings & Poell, 2002; Boyazatzis & Saatcioglu 2008; Goleman, 1998, 2006; Goleman, Boyazatzis & McKee, 2013; Luthans, Norman & Hughes, 2006) that enhanced self-awareness is a major step in leadership development, as it implies that a greater awareness leads to leadership learning.

Recognising the impact of significant people

The influence that significant people have on learning was described by participants in all the interviews and leads to the conclusion that processes of observational learning, as already suggested by Kempster (2009), should be considered as a key opportunity in leadership learning. Moreover, McCall et al.'s (1988) seminal work into executive leadership development, describes the multifaceted process of learning from others. The observer must first recognise the lesson to be learned or, in this study, the CNL needed to respond to opportunity or evolving event. The next step in McCall et al.'s (1988) work involves interpreting the lesson and finally incorporating the learning into the observer's own repertoire of behaviour. The *transforming conscious behaviours* process discussed in this chapter shows similarities with McCall et al.'s (1988) concept. However, the *transforming conscious behaviours* process developed in this current study has provided a more detailed description of this type of learning.

As found in this study and similar to ideas reported by Bolhuis (2012, p. 58), other people form important sources of information and influence the learning process in a significant way. Formalising the allocation of significant others may be problematic, as for example in this study choosing an exemplary person was often an unconscious choice and occurred naturally and allocation of models may not result in the right match.

Leadership characteristics and behaviours were modelled by observing managers, peers and occasionally relatives. This finding is strongly supported by Kempster (2009 a), who investigated leadership development among business managers. It appears that the CNLs in this study use significant people in a similar way as business managers. Participants described significant people displaying what they regarded to be desired and undesired behaviours. The CNL arbitrated the displayed behaviour as either positive or negative, based on the values and beliefs they held. In this study those behaviours which were seen as undesired were rejected by the CNLs. McCall et al. (1988) refer to this as '…understanding your adversary, coping with what he threw at you, and learning what not to do' followed by 'turning these how not-to-act realisations into some guidelines for their own behaviour…' (p. 78). Moreover, the participants used these realisations to develop useful alternatives. However, it is ultimately the individual CNL who judges the behaviours, and what may be

considered negative for one person may be considered positive for another. Alternatively, a bad example could be imitated through a lack of better alternatives (Bolhuis, 2004). CNLs saw significant people behave in a certain way and recognised the 'rightness' (Grojean et al., 2004) of that behaviour. CNLs learned to listen to staff members by having, for example, experienced a significant person who listened to their ideas. Listening to someone was considered a positive event. Therefore, this behaviour was incorporated into the CNL's own practice.

In line with Bolhuis (2004) preference was given to significant people who were admired and respected, with whom the CNLs had some sort of emotional connection or because of the formal leadership position they held. This notion was labelled identification and identification (wanting to be like the other) increased CNLs' reflection on the significant other's behaviour. CNLs drew conclusions from the observation and reflection to form or alter their own behaviour. Identification was articulated by the CNLs: "I want to be like her/him" or even the opposite "I don't want to be like her/him". Once aware of this identification or impact and by moving through the *transforming conscious behaviours* process, CNLs made attempts to change their behaviours. The notion of identification has previously been described by Bandura (1989) as allowing the observer to feel a one-to-one connection with the person being imitated. However, as Kempster (2009a) points out, the focus of Bandura's work mainly relates to the transition of children into adults. There is dearth of research exploring observational learning in leadership development (Kempster, 2008).

This study has identified that learning through observation can be seen as an important way of learning to lead. Importantly, as supported by Kempster (2006, 2009 a, b) this learning process is shaped by a range of leadership enactments and observations that are available and are being recognised by CNLs (Kempster, 2006, 2009 a, b). Moreover, Lave and Wenger (1991) suggest that within a social and cultural approach to learning, emerging leaders learn through active participation in practice, as a result of interaction between leaders and established staff. This close interaction was seen in the opportunity labelled *optimising staff relationships*.

Optimising staff relationships

Learning arose through interactions with staff. The primary thrust of learning from formal leadership positions is concerned with developing the ability to deal with staff issues (McCall et al. 1988 p. 8). Not much attention in the extant literature has been paid to the role that human relations play in creating opportunities for learning (Tourangeau, Cranley, Laschinger & Pachis, 2010). As found in this study and supported by Eraut (2000) and Murphy (1999) leadership development is a process that is socially constructed, and knowledge acquisition and behaviour change is dependent upon the relations between individuals in this process. The importance of interpersonal relationships for learning purposes is gaining increasing recognition (Edmonstone, 2011).

Establishing trust

Important in human relations is the establishment of trust. The main element in establishing trust in this study related to learning how to effectively communicate with members of staff. Communication was seen as sharing formal and informal information, leading to trust. Zeffane, Tipu, and Ryan (2011) suggest that trust is maintained through effective communication and Blanchard (2010 p. 1) adds to this notion that trust can be seen as a 'primary factor in how people work together'. In realising the importance of effective communication CNLs became engaged in learning, resulting in changed behaviours. The example of not distributing information led to becoming a more sharing leader. This occurred by reflecting on feedback received from others (see page 128). This change became visible and was expressed through organising more staff meetings and frequent informal contact, leading to better work relationships. Brunetto, Farr-Wharton and Schacklock (2011) suggest that increasing the amount of formal and informal contact enhances nurse managers-staff relationships. The positive formal and informal contact experienced or 'social exchanges' (Graen & Uhl-Bien, 1995) contributed to establishing trust. Learning to establish trust took place on a background of changing relationships, identified as another opportunity.

Changing relationships

While CNLs were learning their leadership skills their relationships with former peers and other staff changed. New relational situations were created where CNLs had to develop new routines and behaviours. Sharrock, Javen and McDonald (2012 p. 2) argue that taking up the leadership role '… is not automatic just because the nurse is given that authority in his/her position description.' It is a transitional journey. One of the toughest issues in this transitional journey has been identified as supervising and directing former peers, as it created feelings of discomfort. This notion was also expressed by Barrett and Beeson (2002) who argue that handling people issues within organisations is highly challenging and therefore often avoided. For the CNLs in this study people issues often related to (re) setting boundaries and this was, for some, one of the hardest issues CNLs experienced. Boundaries can be defined as the invisible lines that are drawn to help clarify roles and interactions in relationships (Penn Behavioural Health, 2008). Weinstock (2011) writes that boundaries are imperative in a place of work as boundaries describe the limits and responsibilities of staff members in the workplace.

It was found that CNLs needed to learn to define workplace boundaries to make relationships more efficient. Negative consequences resulted from cases where these boundaries were crossed (Geddes & Callister, 2007). This was the case where a staff member was found stealing, which had a negative impact on all staff (see page 102). Being aware of the meaning of personal and interpersonal boundaries assisted CNLs' learning and controlling of the boundaries of their leadership role. This corroborates the findings of Cilliers and Terblanche (2010) who explored leadership coaching experiences of nurse managers and found that leadership strongly relates to managing boundaries. They further found that learning in this space relates to socially constructed defence systems, reducing levels of anxiety.

Friendship

There is a difficulty in moving from being at a friendship or peer level with a group of staff to being their formal leader. Many CNLs spoke about how they had to learn to deal with the once close and often personal relationships with staff, which converted into a more formal relationship. CNLs who expressed being happy in their position had learned to develop a style that balanced the dual position of a formal leader:

meeting the targets of good patient outcomes and having a professional relationship with staff members. This notion is supported by other studies (Aiken, Clarke, Sloane, Lake & Cheney 2008; Friese, Lake, Aiken, Silber & Sochalski, 2008; Stone, et al., 2007). The learning took place through the discovery of what was regarded as important in relationships with staff. Self-reflection was often the vehicle in reaching an outcome. However, there was a variation in the data in terms of findings relating to whether formal leaders can be friends with staff. Some CNLs indicated that their relationship could remain on the same level, while others indicated that a change was required. This is congruent with the literature (Lawson, 1994; McConnell, 2010), as similar studies showed these different opinions. These opinions stem from holding diverse values and beliefs on how a leader should engage with staff.

The sub category of friendship adds to the understanding of learning about relational leadership in several ways. Firstly, it reveals that some CNLs believed that leadership and friendship can occur together. Secondly, it shows that friendships increased the CNL's awareness about attending to relationships with other people in their unit, thereby making everyone feel valued and appreciated and treating everyone fairly. In contrast, not every CNL in this study maintained or developed friendships, but for those who did, they learned to find a way to balance these incongruent roles creating a positive work environment. This balance was important as CNL-staff friendships can affect work, behaviours, and perceptions and patient care. This is also argued by Tse, Dasborough and Alashkanasy (2008) as they articulated that in teams operating in a strong positive affective climate, individuals experienced high-quality leader/staff relationships, in turn leading to good organisational and patient outcomes.

Integrating formal information

Courses, workshops, and master classes provided by a recognised educational institute or department such as a university were classified as formal information. Moreover, formal information also refers to books, articles varying from academic work to biographies and stories from others. CNLs reflected on courses and readings and integrated their discoveries into concrete practice occasions. In the work of Bolhuis, Builtink and Onstenk (2010) this is called learning from theory. I decided, however, on the term formal information as this term also encompasses learning from biographies and stories.

Formal learning occurs '…away from the workplace and is 'taught' mainly through traditional training or study days' (Dewing, 2010 p. 22). Issues related to this type of education concerns the lack of input of participants, as it is mostly the educator who makes the choices regarding content (Dewing, 2010 p. 22). Learners in practice are better positioned to select their own learning activities. This type of learning is considered to be more superior then formal forms of learning (Skule, 2004; Desjardins & Tuijnman, 2005). However, CNLs were able to draw on content provided by formal information. They integrated it into their practice, resulting for example in the smooth introduction of enrolled nurses into a clinical area (see page 114). Therefore, it may not be so surprising that integrating formal information has emerged as a learning opportunity.

In educational contexts such as classrooms most learning outcomes are made visible through assessments. This is in contrast to learning outcomes in practice, as they are for a large part tacit or seen as a component of an individual's daily work (Eraut, 2000). Hence, the difficulty some CNLs experienced in articulating their learning experiences. However, this research has added to an increased understanding of how integration of theory into practice has contributed to the development of CNLs. This became evident in cases where CNLs had learned about conducting difficult conversations. They applied and integrated this knowledge in challenging conversations with staff members. This is an interesting finding as this is in contrast to the arguments of many scholars (Day, 2000; Edmonstone, 2011; McCall, 2004, 2010) articulating that formal education merely contributes to leadership development. In contrast, Manley and Garbett (2000) see the use of formal information as a key feature for developing nurses and they suggest that higher education contributes to self-efficacy and creativity.

The CNLs interviewed for this study revealed that they read a lot and this appears to be a popular means to learn about leadership. The main concern for scholars (Eraut, 2009; Kaiser, Kaminski & Foley, 2013) regarding reading refers to how well the reading activity is translated into the practice environment. Unfortunately, the amount of research available exploring this topic is limited and often findings from these studies contradict each other. In support of shaping leadership culture, Smeltzer and Vlasses (2004) highlight the importance of reading stories of nurses. Most participants articulated examples of how reading contributed to their development and how they

used it in practice, such as becoming a more effective communicator (see page 114). However, more research will need to be conducted in this area to come to a more evidence based conclusion. So far this study has identified that reading and courses in leadership learning are a means of achieving professional learning so long as the knowledge and understanding gained are integrated into practice.

The enablers/disablers

In this study it has been found that the enablers and disablers play a role in changing behaviours. The enablers and disablers have been identified as: bringing in the personae; living values and beliefs; being in the work milieu; having credibility in the speciality; and perceptions of autonomy. These concepts together form the context of this study. A context is regarded as an amalgam of numerous influences, which has an effect on learning outcomes (Kempster, 2009, p. 189).

Bringing in the personae

It has been evident in this study that personality can have an impact on the way CNLs think, feel, and engage with others and how they learn. These are also findings by Alkathani, Abu-Jarad, Sulaiman and Nickbin (2011) who found that in their investigation of personality dimensions in over one hundred managers that persona played an important role in leadership development. This became apparent in the way managers in their work environment used their persona to engage with others and were open to experiences. The persona is made up of values and beliefs, personal characteristics and traits. Bringing in the personae can act either as an enabler or disabler. Personality traits lead people to act in certain ways (Alkathani et al., 2011). This creates an understanding of why some traits influence the choice of response made by the CNL. As discussed by McDermott, Kidney and Flood (2011), the response towards opportunities can be determined by individual differences in personality, temperament, emotions and values.

Being open to an opportunity in practice is an enabler for reflection. De Hoogh, Den Hartog and Koopman (2005) argue that one of the basic structures of personality is openness to experience, leading to reflection. When CNLs did not reflect on an opportunity, learning did not take place. This is line with Zeichner and Liston's (1996) argument that by not reflecting, the encountered event was accepted as is. CNLs need

to be open to the opportunity for reflection to take place. Being open also relates to Dewey's (1933) notion of wholeheartedness, an active desire to consider more than one perspective and to discover the possibility of error in our beliefs.

Possessing a natural inclination to be open to opportunities and reflection means that self-examination is more easily undertaken and can result in learning. For example, CNLs used this self-examination when flying off the handle and by reflecting on why they behaved in this manner. Increasing self-awareness through reflection was effective in mitigating the negative effects of flying off the handle, by changing this behaviour by stepping back (see page 130-131). In line with Harms, Spain and Hannah's (2011) work in exploring the role of personality traits in leadership development, flying off the handle could be seen as the dark side of personality or subclinical personality traits. Harms et al. (2011, p. 496) describes these traits as personality quirks that do not have a large effect on daily performance. However, they may cause major negative outcomes during leadership engagements with staff, as seen in heated debates in corridors (see page 130-131). In the mindset of the CNLs who made changes, these traits or weaknesses were not regarded as faults but as learning opportunities and this was also found to be the case in studies by Procee (2006), Van Damme (2000) and Verdonschot (2007).

Personality can in some way account for how CNLs used learning opportunities Ployhart, Lim, and Chan (2001) and Smither, London, and Richmond (2005) claim that a leader's response is a function of who they are. Another personality trait which acted as an enabler or disabler emerged as self-efficacy. CNLs who identified that they had higher levels of self-efficacy were able to see learning opportunities as opportunities rather than as threats. Therefore, they were more inclined to respond in activating the opportunity than others. Machida and Schaubroeck (2011 p. 467) write that self-efficacy in leaders stimulates continuously positive learning. In contrast, CNLs who identified lower levels of efficacy experienced difficulties with learning. The personae can act as either an enabler or disabler. However, some scholars (De Hoogh et al., 2005) argue that unambiguous links between personality traits and leadership learning have been difficult to prove.

Living values and beliefs

CNLs' responses towards learning opportunities were influenced by their values and beliefs. In contemporary research values and beliefs are underestimated in our understanding of how learning to lead takes place (Zigarmi et al., 2005). In accordance with Clark's (2008 p. 30) description of how values and beliefs shape people, it is understood that CNLs learning was influenced by the way they '…think and see the world, and the meanings they attributed to their experiences, actions and relationships with others'. Adhering to or living certain beliefs about what is right and what is wrong made CNLs decide to act in a certain way. This became evident through examples of handling cases of staff harassment (see page 142) and issues of theft (see page 98), in which a decision was made to take definitive action. This is in line with several studies (George & Jones, 1997; Tsui, Zhang, Wang, Xin & Wu, 2006) which provided evidence that there is a relationship between values and certain responses. Values and beliefs shaped the meanings CNLs attributed to their experiences, actions and relationships with others. To be successful in learning the CNL often referred to their values as the foundation of action. Therefore, bringing in the personae and living values and beliefs can influence the response towards the opportunity. This notion should not be underestimated as it plays a significant role in leadership development.

Being in the work milieu

CNLs leadership learning and its results are in the first instance contributed by being present in the work milieu. Most scholars ignore the influence of the work milieu in learning theory. The close relationship between the response to the learning opportunity, the learning situation, and learners' personae is overlooked (Bolhuis, 2012). The context determines learning. In spite of the importance of this notion, there is a dearth of research that takes context into account as an influencing factor (Hartley & Bennington, 2010). Furthermore, within the area of leadership there is a limited understanding of the influence and connectivity of context and processes that shape leadership learning (Conger, 2004; Day, 2000; Kempster, 2006. 2009; Lowe & Gardner, 2000). Articulating and understanding how the practice of leadership learning is lived out requires knowledge of the context of the particular situation (Benner, Tanner & Chesla, 2009). This has been revealed through the voices of the

CNLs developed in categories such as being in the work milieu, having credibility in the speciality, perceptions of autonomy and working in a place of complexity.

A small amount of prominent organisational learning literature emphasises contextualised learning and regards this concept as an important enabler (Senge 1990, Schön 1991, Garrick & Glegg 2001, Lave & Wenger, 1991). The work milieu is the environment where learning occurs and Boud and Middleton (2003); Matthews and Candy (1999) argue that practice itself is a rich source for learning opportunities. Therefore, in accordance with Allen's (1998) ideas of leadership learning, it is important to provide a professional environment where CNLs can develop leadership skills and expertise and where changed behaviours can be practiced.

When learning in complex and dynamic environments, challenges and opportunities multiply exponentially (Huston, 2008). Health care is complex, unpredictable and dynamic. Ever changing patient care requirements and larger scale health care reforms contribute to this complexity (Hartley & Bennington, 2010). Participants' examples of their complex work environment included physical resources, introducing new models of care and families' influence on patient care. This complexity has positive and negative sides. One of the positive sides is that this complexity allows for learning to occur as learning opportunities arise. Participants articulated the learning they extracted from these opportunities. Often solutions needed to be found for unforeseen issues. In line with Uhl-Bien and Marion (2009) CNLs have proven that they can learn from tackling the issue at hand. CNLs needed to learn to interact effectively with the dynamic and complex environments in which they were engaged (Uhl-Bien & Marion, 2009). One of the negative sides of a complex enviroment related to feelings of being overwelmed, impeding learning. This study has shown how important work environment is in terms of being either an enabler or a disabler for leadership learning to take place.

Having credibility in the speciality

An enabler to learning leadership skills has been identified as having credibility in the speciality. This has been described by CNLs as having clinical expertise. In accordance with Allen's (1998) study exploring nursing leadership development CNLs credibility in the speciality was gained through the culmination of diverse, specialised clinical expertise. The term clinical expertise emerged numerous times from the

interview data. It was the contention that possessing clinical expertise led to having credibility. In this study, participants held different opinions, some believed that credibility in the speciality was gained by having clinical expertise in the area of practice, others did not. The latter position is supported by Liebler and McConnell (2012) who argued that a lack of credibility is caused by clinical leaders possessing professional backgrounds and qualifications that are not related to the area of practice. Credibility is important as it affects the level of acceptance of the CNL. Acceptance can shrink or expand depending on the expertise of the CNL. Hoy and Tarter (1993) found that the greater the demonstrated expertise, the larger the zone of acceptance. Clinical expertise and acceptance are hardly mentioned in leadership development literature, but are important for learning. Feeling accepted allowed CNLs to be more at ease and to be more inclined in activating the learning opportunity. Therefore, credibility has become an essential enabler in learning to lead. It was important for the CNL not only to learn about leadership but also to learn to understand their practice area. Most CNLs made efforts to maintain or to increase their clinical skills in combination with learning to lead.

Perceptions of autonomy

Within this study it has been found that the notion of autonomy is an enabler for leadership learning. To learn leadership a certain level of perceived autonomy was required. Autonomy, of course, is not absolute. There are constraints on actions and there are boundaries to be adhered to. Pearsall and Hanks (2001) see autonomy as: the right of self-government; personal freedom and freedom of will. The word freedom emerged many times in the data. Freedom also involved receiving permission from people in higher positions to practise skills and allowing for mistakes. Permitting CNLs to exercise autonomy within safe limits enabled learning to take place. Moreover, the CNLs who experienced a sense of autonomy in the workplace were engaged in learning more easily. This was the case in circumstances where CNLs were allowed to work under broad supervision in a variety of areas. This autonomous role contributed to developing communication skills as the CNL was engaged with a wide variety of people. This notion is supported by the study by de Witte, Verhofstadt and Omey (2007) in which they found that high job autonomy was associated with the acquisition of new skills.

Addressing the pivotal role of autonomy in developing as a leader is seen by Holman and Wall (2002) as a prerequisite for skill development. Autonomy offers the opportunity for active engagement with issues and events in the workplace, where learning and problem solving depends on finding solutions. It enabled CNLs to choose new behaviours as they felt free to undertake the *transforming conscious behaviours* process. The findings of this study concur with researchers such as Holman and Wall (2002), Paulsson, Ivergard & Hunt (2005), Rau (2006) and Van Ruysseveldt, Verboon & Smulders (2011) who found that there is a positive relationship between autonomy and activating learning opportunities. In other words, if opportunities are considered as learning challenges to be met, then autonomy offers the chance for active engagement with the opportunity on which learning depends.

Transforming conscious behaviours

The *transforming conscious behaviours* process plays a key role in the leadership development of CNLs. An understanding of the social process became clear to me through time. I studied the process of leadership learning, which fostered the construction of a theory defining and conceptualising relationships between experiences and events (Charmaz, 2006 p. 136). This enabled me to define the major phases and to concentrate on the relationships between them (Charmaz, 2006 p. 136). The question of how CNLs learn to lead from their practice was designed to be open in order to make the processes of leadership learning visible. It became apparent that there was one basic learning process.

One of the vital mechanisms to successful learning is using reflective practice (Senge, 1990), the first phase of the learning process. Leadership learning requires reflection and improvement of self, as also argued by Wilson, Patterson and Kornman (2013) and Health Leads Australia (2013). In analysing their practice, it became essential for CNLs to ask questions such as: How did it go? What exactly happened? What did I do, what was my reaction? Can I do it differently? Would it be better to ….if…? CNLs engaged in the *transforming conscious behaviours* process asked these questions in their endeavours to learn. The answer to start the *transforming conscious behaviours* process may be well situated within this notion of enabling questions. Learning the skills of enquiry could consequently be the start of effective leadership learning.

Reflection within this study is the process of analysing, reconsidering and questioning learning opportunities and events, leading to alternative actions and changed behaviours. Therefore, CNLs must be able to connect with their thoughts and feelings and build on these to aid in creating new understandings regarding self. Through the utilisation of critical reflection CNLs understood what behaviours they needed to change and/or what they needed to do to modify those behaviours. Reflection is a precursor to the decision to work on behaviours, which may lead to changes in personal understandings and potentially behaviour (Schön, 1991; Kolb, 1984; Mezriow, 1990). In this study it has been shown that reflection has the potential to change behaviour. This is a result of critical self-reflection; the process of questioning one's *own* assumptions and meaning perspectives triggered by observations, formal information and feedback from others.

Multiple sources of feedback, including self-discovery are critical to influence a CNL's reaction to feedback and subsequent change of behaviour. CNLs who participated in an internal dialogue while receiving multiple perspectives from others, who dealt with their emotional reactions, including anxiety and loneliness, during the process, increased their chance of changing. This is line with Rehbine Zentis' (2007) view that when people use feedback from multiple sources, they will become aware of their developmental needs and will be motivated to change their behaviour. Feedback can lead to a higher motivation to learn. This is also seen in Morgan and Goldsmith's (2004) large quantitative study on changing leadership behaviour in which over 86,000 participants were involved. In this study it was discovered that long-term progress is determined by the leaders and their co-workers through mechanisms of feedback (Morgan & Goldsmith, 2004). In some circumstances the feedback received matched the CNLs' image they saw in the mirror also referred to as the 'looking glass self'.

The concept of the 'looking glass self' (Cooley, 1998) relates to an imaging stage where a person judges the way they appear and the way they act through the eyes of others. Cooley's concept of the 'looking glass self', proposes that a person's self grows out of a person's social interactions and the perceptions of others. The way we see ourselves originates from the examination and interpretation of both our persona and the perceived perceptions of people we interact with. Reflecting on feedback made the CNLs more aware of the person they wanted to be, and therefore more able to discover behaviours such as being introvert or extravert. As Schön (1987) has argued

the only way that behaviour is changed is through learning that is self-discovered and self-appropriated.

Discovering behaviours can lead to making changes and becoming a better leader. In relation to discovering behaviours, my thoughts were concentrated around the notion of undesired behaviours. Undesired behaviours was the term given to what participants perceived as negative behaviours. These behaviours were considered at first the only component of the process, but I soon realised that equally important is the detection of desired behaviours. These behaviours were positive in nature. A decision to work on the discovered behaviours indicates a willingness to change behaviours (Smither et al., 2005). However, a single isolated learning experience may not be enough to establish a sustainable change in behaviour (McCauley & Van Velsor, 2004). It is the accumulation of the processed learning opportunities which leads to sustainable change. The participants shared multiple stories and experiences where learning occurred in choosing newly learned behaviours leading to change. These changes relate to for example becoming a sharing leader (see page 128). This notion is interesting as the literature mentions that it is important for leaders to change their behaviours, but lacks a description of how this process unfolds.

It has been shown that CNLs changed their behaviours on many occasions, but there is also the possibility that this process is not always visible. Bandura (1986) argues that a person can learn a behaviour but may wait for a suitable occasion to display that behaviour. This may well be the case with the participants in this study as they learned certain behaviours but had no opportunity to display them. Therefore, it is possible that when new events emerge changed behaviours are applied, making learning visible.

Making it your own

Making it your own is developing a leadership style which is a result of the accumulation of all experiences encountered and changes made. It means adapting and adhering to (changed) behaviours. Adapting means that others see the CNL as someone who develops but is not lost in the process of changing. The more I thought about this concept the closer I came to articulating it, which resulted in the words: “not losing oneself and staying true to oneself”. This notion is closely linked to what is known in the literature as authentic leadership (Shirley, 2006; Wong, Laschinger &

Cummings, 2010). Fundamental to this type of leadership is the idea of a person staying true to their core values; this understanding assists with coming to terms with what CNLs described as not wanting to be someone else. It is the belief in own style, the awareness of strengths and weaknesses. Moreover, staying true to what works as well as to continue to learn. Furthermore, a condition of effective leadership development is to develop the ability to activate the opportunity. For this to take place CNLs need to become aware of their beliefs, success formulas and the way in which they recognise and respond to the opportunity.

Summary

Learning to lead has been proven to be a complex social process involving many factors. It has become apparent that the encountered learning opportunities are key stimuli shaping leadership learning. Learning to lead is experienced idiosyncratically and there is limited control over which learning opportunities emerge in practice. CNLs respond to these learning opportunities in a variety of ways, identified as knowing it already, blending in and activating. The enablers and disablers influence the way in which a response is applied. Learning takes place through the *transforming conscious behaviours* process. The four stages of the *transforming conscious behaviours* process reflecting, discovering, deciding and choosing results in altered or new behaviours. Therefore, leadership development efforts should focus on this process.

Leadership is a continual journey where reflection is essential to learning to lead, as theorised in this study, which finds support from the existing conceptual as well as the empirical work. It is important to note that the current literature provides understandings of some aspects of leadership learning. However, this study and its findings offer insights into a comprehensive inquiry into leadership learning in practice and is therefore adding to the current body of knowledge. Considering the understandings reached from this study, it is now possible to make recommendations. The evaluation of the study and its recommendations will be presented in the next and final chapter.

Chapter 10: Conclusions and recommendations

Introduction

The previous chapters presented the findings of the research and theory development. This study presents the grounded theory of CNL's leadership learning in practice, 'Responding to the Opportunities', and provides an increased understanding of how CNLs have learned to lead in practice. The focus of this final chapter is on the achievement of study aims. The practical implications of this study translated into recommendations for research, practice and education are presented as well as an evaluation of the constructivist grounded theory approach used.

Achieving research aim and objectives

The aim of the research was to increase understanding of the nature of leadership learning in practice relating to the nursing profession. This research concerned a group of CNLs who were appointed in the role of Nurse Unit Managers. The objectives of this research were to:

- provide an understanding of how human behaviour, interactions and social processes of naturalistic learning influence CNLs' leadership learning and development;
- generate a substantive grounded theory of leadership learning in nursing; and
- produce recommendations to enhance leadership programs.

The study has found that key to CNLs' learning journey were the basic social process of *Reflecting*, *Discovering*, *Deciding* and *Choosing*, and the phenomena of the *opportunities in practice* and the *enablers/disablers*. This conceptualisation has increased understandings of the human behaviours, interactions and social processes that influence leadership learning in nursing. The findings and the conceptualisation of these findings has generated the substantive theory 'Responding to the Opportunities'.

Although leadership and leadership development in nursing have been investigated broadly, the learning processes have received little attention in the literature. Research in leadership learning in practice has struggled to find a theoretical framework (McCall, 2004; Noe, Wilk, Mullen, & Wanek, 1997) and nursing leadership learning

theories remain few in number. The constructivist grounded theory presented in this study contributes to the body of knowledge of leadership learning and nursing. Leadership research has been dominated by quantitative research for a long time. This constructivist grounded theory study presents a new perspective on leadership learning.

Evaluating this research study

Within the different streams of grounded theory, there are a variety of evaluation criteria available. However, in using a constructivist grounded theory approach the focus is on credibility, originality, resonance and usefulness (Charmaz, 2006).

Credibility

Remaining impartial is a concern for many researchers. I also held these concerns particularly as I have been a nurse for over twenty years and I consider myself a clinical leader. Nevertheless, I have found that my experience has given me the ability to better understand the participants and their role in a clinical environment. It is accepted in grounded theory that the researcher's experience is part of the research and they cannot 'unlearn' what is already known (Andersen, Inoue & Walsh, 2012). Through the reflexive epistemological stance of constructivist grounded theory, a potential limitation was transformed becoming one of the strengths of this study. Consistent with a constructivist approach, I acknowledge that the theory developed from this study is one interpretation of the data (Bryant, 2002; Charmaz, 2006 p. 130). The theory was dependent on my specific point of view and it cannot sit outside my perspective (Charmaz, 2006, p. 130). I have attempted to conduct a study in the way I understood it, as an analysis of the data to offer a 'plausible account' of the occurrence of leadership learning (Charmaz 2006, p. 149). Through a process of memo recording, critical reflection and regular supervision I have monitored my perspective and the part it has played in this study.

The credibility in this study was enhanced by gathering rich data from 15 participants and using theoretical sampling resulting in 19 interviews. This rich data was a fertile ground for seeking depth and variation in the data, interviews, literature, and memos. I stayed close to the data through line by line coding, in vivo coding, focussed coding and memo-writing. This is supported by Charmaz's (2006), as she argues that it

protects the participant's experience. Emerging concepts and constant comparison facilitated the construction of a grounded theory that reflected shared understandings of learning to lead. The claims made in this study are grounded in the data. The raw data, memos and journals provided an audit trail of the various steps involving decision making, from the raw data to analysis and interpretation. Audit trails are seen as a key strategy to support quality in grounded theory approaches (Birks & Mills, 2011 p. 52). Clear audit trails ensured that the process of generating the resultant theory is verifiable (Bowen, 2006 p. 1).

Originality

Researchers, who offer a fresh or deeper understanding of studied phenomena, can make an original contribution (Charmaz, 2006). I have presented fresh insights into the process of leadership learning and the discovery of a connection between the various components, making up learning to lead in practice. A key finding of this study is that clinical leadership learning occurs naturally, idiosyncratically, within the work environment. Learning opportunities are key for such learning to take place. The *transforming conscious behaviours* process, leading to changed behaviours was another key finding. This study provides a new theory with underpinning theoretical understandings on how CNLs learn to lead in practice. The study has made an original contribution to the existing knowledge base. This study has provided fresh insights through its conceptual rendering of the data, that has educational and theoretical significance and that extends current ideas, concepts, and practices.

Resonance

Resonance relates to whether the research results make sense to participants and holds '…meaning and scope for all those for whom it may be relevant…' (Birks & Mills, 2011 p. 152). Although I did not discuss my ideas and the emerging theory with participants directly, I conducted several presentations for groups similar to this participant cohort. During these sessions it became clear that my research made sense to the audience, and these audiences spoke to me about how well the theory resonated with them. In addition, resonance in this study was sought through the participant "voices" and the thick descriptions generated in this study (Komives, et al., 2005). In this study resonance was also accomplished by achieving data sufficiency in all

categories, revealing the meaning of an experience and giving deeper insight into the leadership journey of the participants[2].

Usefulness

This research has led to recommendations, for creating changes in practice and leadership programs, thereby meeting this criterion of usefulness. The generated knowledge can be used by the individual nurse who would like to develop their leadership. The theory provides insights into the CNLs' learning journey and provides a base for future research. There is an urgent global need to strengthen clinical nurse leadership. Hence, continuous efforts need to be made to further develop clinical nursing leaders. By knowing how CNLs learn to lead, strategies and initiatives can be put in place to develop nursing leadership.

Limitations

Several limitations have been identified pertaining to this study. The first relates to the study settings, two Tasmanian public health organisations. These organisations hold similar and yet distinctive cultural characteristics. Consequently, it must be acknowledged that the environments will have differences to other healthcare organisations and the results of this study are related directly to the organisations in which the research took place. However, the findings could provide valuable understandings for others who see a resemblance between this study context and their own.

This study acknowledges that more research into leadership learning in other (inter)national healthcare organisations is required to construct a formal theory. Moreover, it is important to note that the responsibility for assessment of transferability lies with the reader rather than the researcher (Lincoln & Guba, 1985). Nevertheless, it remains the responsibility of the researcher to present sufficiently descriptive data so that readers are able to make their own judgements of the credibility of the analysis and transferability to their own context (Charmaz, 2006). This research should be recognised as a unique investigation in learning to lead that

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[2] Detailed descriptions of how data sufficiency was achieved can be found in chapter four.

may be applicable in similar populations in similar circumstances (Storberg-Walker 2007).

The study has attracted participants who were keen to provide their time and to share their stories. Therefore, the data included in this study were provided only by CNLs who had made the conscious decision to participate and this could be considered a further limitation. Their decision to participate was likely influenced by CNLs' perceptions of the value of the study and by their availability and willingness to provide data. Another potential limitation involved the sample of participants. The purposeful sample was drawn from a cohort of Nurse Unit Managers. This meant that leadership learning was only investigated within this group. There are two other formal levels of clinical leaders in Tasmania and these are Clinical Nurse Educators and Clinical Nurse Consultants. The decision was made not to include them as their nursing leadership teams were still being established at the time of the study. A further limitation involves participants being experienced CNLs. There are nurses with less-experience who have a desire to become CNLs. In this thesis the substantive theory is constructed on the understanding shared with the participants, a similar study of less experienced nurses in the process of becoming CNLs could be worthwhile. A wider understanding of how nurses at all levels of experience learn to lead in practice would be a likely contribution.

Recommendations

This research has made hidden practices in leadership learning more visible. Given the insights into the social process of learning to lead in practice that have emerged from the research, the following recommendations have been identified.

Recommendation – learning opportunities

The findings of this research highlight the importance of learning opportunities within the work place.

- Selection criteria for people to clinical leadership positions should include recruitment processes determining a willingness to learn.

Recommendation – enablers and disablers

Addressing the enablers and disablers identified in this study will create a better learning environment.

- People charged with managing leaders should be made more aware of the potential of experience in practice as a modality for leadership learning.
- Clarify for new leaders their freedom or autonomy to make decisions within their sphere of responsibility. Within a safety and quality framework clinical leaders will be encouraged to make their own decisions and supported if/when mistakes occur.
- Clinical leaders to be allocated work time for opportunities such as critical reflection on experience, coaching, observing others and formal information.
- Knowledge and experience in the speciality enables a new leader to be credible and establish a trusting relationship with the team. Therefore specialist knowledge and experience should become an essential criteria for the appointment of clinical leaders.

Recommendation – leadership development programs

The appropriate use of courses is another important strategy:

- At least 50% of the cost of formal leadership programs should be spent on enabling clinical leaders to optimise learning in practice. For example providing time at work for critical reflection and networking with significant others.
- A purpose for formal development programs exists to teach the facets of leadership that can be taught. However, educational institutions should complement those aspects of leadership which could be gained in practice.

Recommendation – work based strategies

Significant others and feedback played a large role in the learning journey of CNLs and work based strategies entail these elements.

- Work based strategies such as: mentoring, action learning and clinical supervision should be implemented within healthcare organisations. Through these strategies CNLs will be able to receive feedback on their ways of working and this will result in learning.
- CNLs who would like to progress in their careers are advised to engage in these activities. This will prompt potential clinical leaders to seriously consider whether or not they would like to be in a leadership position, hence reducing the likelihood of unsuitable candidates attempting to become leaders. If they demonstrate a capability to work on their leadership behaviour, they would be ready for career advancement.

Future research

A number of thoughts have emerged from this research that warrant further research. One of these is the notion of self-efficacy. This study showed that self-efficacy plays a role in enabling CNLs to accept feedback from others and to engage in learning. However, the role of self-efficacy and the relation to motivational reasons for changing behaviours should be further explored. Future qualitative research could focus more understanding the nuances of investigating this relationship.

Another topic for further research is the notion of learning behaviour. A question which may require further investigation is: What is the influence of being open for feedback and the expectation of a reward from this learning? This research has been conducted at a certain moment in time. It would be interesting to explore if further learning has occurred. As a by-product of this research participants became more aware of how they had learned to lead. The substantive nature of the theory developed in this study creates the opportunity to test the theory, and by examining it, add to the development of the theory. Putting theory to the test often precedes theory generating research (Glaser, 1978). Therefore, I would recommend a larger experimental research study, incorporating CNLs across different organisations to test the hypothesis that CNLs who are aware of *transforming conscious behaviours* and apply it in practice develop leadership skills more efficiently than CNLs who are not applying it.

Conclusion

This study has revealed how CNLs have learned to lead in practice, an under-explored area of investigation. This study has highlighted and confirmed the importance of naturalistic learning in leadership development. Hearing nurses talk about their experiences of learning to lead in practice has been essential to further my understanding of the aspects that are important in clinical leadership learning. The theory of *clinical nurse leadership: responding to the opportunities* has been generated in this constructivist grounded theory study. The study findings contribute to the extant literature and have the potential to make a positive difference in the way we support and educate nurses in their practical leadership learning journey. Their potential to become leaders who are able to provide a high quality and safe healthcare can now be activated.

Postscript: Final memo

Intrigued by the topic of clinical leadership and its development, I started the doctoral journey nearly five years ago. My initial thoughts involved exploring the relationship between nursing leadership, healthcare innovation and patient outcomes. My expectations were situated around generating more knowledge about nursing leadership and its impact on practice. During the early stage of this project the focus on leadership shifted towards learning, as I became aware that learning is the first and a continuous step in leadership development. Therefore, it became important for me to explore the topic of learning to lead. Nursing is regarded as a practice based discipline contributed to learning in and from practice becoming a central feature of this project. Although, there is understanding that learning to lead occurs mainly in practice or in the work environment (Crethar, Philips & Brown, 2011; Kempster, 2009 a,b; McCall, 2010), it was unclear how this process occurred and unfolds. Completing this project I feel satisfied with the work undertaken, as the research question has been answered and the scope provided to make a change in practice.

Based on a memo I wrote back in 2011, I believe that learning to lead is "toeval". This Dutch saying means a gathering of occurrences, closely related by space, time, context or other associations which often have a hidden relationship, but cause an effect. In this study this notion has been identified as learning to lead. This notion is closely linked to serendipity which means a "pleasant surprise"; specifically, the accident of finding something good or useful without looking for it (The Oxford Dictionary of English, 2010). For many participants realising what and how they had learned came as an enjoyable surprise. The findings of this research showed that learning to lead occurs often in a serendipitous way. Nevertheless, many CNLs were also engaged in actively seeking opportunities. Thus, a combination of serendipity and being pro-active has driven the learning journey. Leadership learning was experienced a natural professional growth for the CNLs involved.

In the introduction to the study I indicated that I had a preference for a paradigm which takes into account the complexity of human agency and contexts. This study has demonstrated that CNLs make choices to how they respond to learning opportunities and how far they move through the social process. This notion is reinforced by Bandura's (2006) view that human beings in a complex human agency have the

capacity to make choices. Most participants of this study were partakers of their behaviour in being pro-active, self-regulating and self-reflecting which is in accord with Bandura's interpretation of human agency.

The chosen research approach has played a significant role in this study. Hence, the final remark of this study relates to seeking to create an understanding of a phenomenon within a certain context (Charmaz, 2006). Moreover, Constructivist Grounded Theorists aim to generate meaning (Charmaz, 2006), embracing 'notions of pragmatism and necessity to correspond to local contexts' (Kempster & Parry, 2011 p.112). Therefore, scholars should view nursing leadership as a process in context and should place emphasis on 'the understanding of contextual variability and its maintenance' of leadership learning. This may encourage an approach to social science that 'seeks to develop an understanding which resonates with the multiple realities from in which it originated' (Kempster & Parry, 2011 p.112).

Detecting and understanding leadership learning as a complex contextual process has implications of vital importance for practice. My pragmatic nature sought to make better sense of learning to lead in nursing, the understanding that I as a Senior Consultant Professional Development and Education could apply to the education I provide to nursing staff. I have started to utilise the knowledge generated from this research. I have discovered that it does increase understanding regarding leadership learning in the organisations I work. I am observing effects I previously had not noticed. Consequently, it has allowed me to find enhanced ways of helping others learn to lead.

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Appendices

Appendix 1: Consent form

Department of Health and Human Services
SOUTHERN TASMANIA AREA HEALTH SERVICE
GPO Box 125, HOBART TAS 7001, Australia
Web: www.dhhs.tas.gov.au

Tasmania

CONSENT FORM

Title of Project: **The role of naturalistic learning in the development of nursing leadership**

1. I have read and understood the 'Information Sheet' for this project.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves an initial one hour long interview. Depending on the analysis and findings of the interview data I understand that I may be asked for a second interview. I understand that the purpose of this study is to increase understanding of the nature of leadership learning in nursing, to provide an explanation of how human behaviour, interactions and social processes of naturalistic learning influence Clinical Nurse leaders' leadership learning and development; and produce recommendations to enhance leadership programs.
4. I understand that participation involves no foreseeable risks to me.
5. I understand that all research data will be securely stored on the University of Tasmania premises for five years, and will then be destroyed or will be destroyed when no longer required.
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered from me for the study may be published provided that I cannot be identified as a participant.
8. I understand that the researchers will maintain my identity confidential and that any information I supply to the researcher(s) will be used only for the purposes of the research.
9. I agree to participate in this investigation and understand that I may withdraw at any time without any effect, and if I so wish, may request that any data I have supplied to date be withdrawn from the research.

Name of Participant:

Signature: Date:

Statement by Investigator

☐ I have explained the project & the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

Department of Health and Human Services
SOUTHERN TASMANIA AREA HEALTH SERVICE
GPO Box 125, HOBART TAS 7001, Australia
Web: www.dhhs.tas.gov.au

Tasmania

☐ The participant has received the Information Sheet where my details have been provided so participants have the opportunity to contact me prior to consenting to participate in this project.

Name of Investigator

Signature of Investigator

Name of investigator _____

Signature of investigator _____ Date _____

Appendix 2: Participant Information Sheet

Department of Health and Human Services
SOUTHERN TASMANIA AREA HEALTH SERVICE
GPO Box 125, HOBART TAS 7001, Australia
Web: www.dhhs.tas.gov.au

PARTICIPANT INFORMATION SHEET

The role of naturalistic learning in the development of nursing leadership

Invitation

You are invited to participate in a research study into how Clinical Nurse Leaders learn to lead. The study is being conducted by Pieter Van Dam, Senior Consultant, Leadership and Management, Department of Health and Human Services and PhD candidate with the University of Tasmania, School of Nursing and Midwifery

1. 'What is the purpose of this study?'

The purpose is to investigate whether Clinical Nurse Leaders learn leadership from experience. Currently little is known about how leadership learning from experience takes place. We need a better understanding of the learning process to help develop our current and future nurse leaders. The knowledge gained from this research will contribute to leadership development programs and interventions within organisations

2. 'Why have I been invited to participate in this study?'

You are eligible to participate in this study because you are a Nurse Unit Manager (NUM) currently employed within Tasmanian Health Organisation – South or Tasmanian Health Organisation - North. You have been appointed to the NUM role because you have demonstrated clinical knowledge and/or experience relevant to the area; and you have leadership skills.

4. 'What does this study involve?'

The study will involve an initial interview with the researcher lasting up to one hour. Depending on the progress of the analysis of data the researcher may ask you to be part of a second interview.

It is important that you understand that your involvement in this study is voluntary. While we would be pleased to have you participate, we respect your right to decline. There will be no consequences to you if you decide not to participate, and this will not affect your employment. If you decide to discontinue participation at any time, you may do so without providing an explanation. All information will be treated in a confidential manner, and your name will not be used in any publication arising out of the research. All of the research will be kept in a locked cabinet in the office of Pieter Van Dam, the researcher.

5. Are there any possible benefits from participation in this study?

There are no direct personal benefits to being involved with this study. Your contribution will possibly contribute to better provision of learning support for Nurse Unit Managers in the future.

6. Are there any possible risks from participation in this study?

There are no specific risks anticipated with participation in this study. However, if you find that you are becoming distressed or upset you will be advised to receive support from your manager or alternatively, we will arrange for you to see a counsellor at no expense to you.

7. What if I have questions about this research?

If you would like to discuss any aspect of this study please feel free to contact either Pieter Van Dam on phone 03 6233…. or Professor Mary Fitzgerald on 04…. Either of us would be happy to discuss any aspect of the research with you. Once we have analysed the information we will be mailing / emailing you a summary of our findings. You are welcome to contact us at that time to discuss any issue relating to the research study.

This study has been approved by the Tasmanian Social Science Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote [*HREC project number H0011860*].

Thank you for taking the time to consider this study.

If you wish to take part in it, please sign the attached consent form.

This information sheet is for you to keep.

Appendix 3: Invitation to Participate

Dear …..,

I would like to invite you to participate in the study: "The role of naturalistic learning in the development of nursing leadership". I am undertaking this study in fulfilment of the Degree of Doctor of Philosophy (PhD) with the University of Tasmania at the School of Nursing and Midwifery. This study has been approved by the Tasmanian Social Science Human Research Ethics Committee and has the support of the Executive Director of Nursing Southern Tasmania Area Health Service (STAHS). You are eligible to participate in this study because you are a Nurse Unit Manager (NUM) currently employed within STAHS.

The study investigates how Nurse Unit Managers have learnt to lead. The study will involve an initial interview with me, lasting up to one hour. Depending on the progress of the analysis of data I may ask you to be part of a second interview. All data collected remains confidential. Your participation is voluntary and without honorarium.

For your information I have attached an information sheet which explains the study in more detail. If you would like to participate please reply to this e-mail. I will send you a consent form and I will contact you to arrange a suitable interview time.

Thank you for taking the time to consider this study.

Kind regards,

Pieter

Appendix 4: Support Letter - South

HEALTH AND HOSPITALS - SOUTHERN TASMANIA AREA HEALTH SERVICE

GPO Box 125, HOBART TAS 7001, Australia
Ph: (03) 6233 3185 Fax: (03) 6233 4021
Web: www.dhhs.tas.gov.au

Tasmanian Government

Contact: Susan Price
Phone: (03) 6222 7957
Facsimile: (03) 6222 7942
E-mail: susan.price@dhhs.tas.gov.au

To: The Tasmanian Health and Medical Human Research Ethics Committee

I herby give my full support to Pieter Van Dam, doctoral candidate of the University Of Tasmania, School of Nursing and Midwifery to conduct a grounded theory qualitative study entitled: ***The role of naturalistic learning in the development of nursing leadership***

I am familiar with the intent of the project and I believe that the anticipated outcomes will benefit the Agency. I am also aware that Pieter Van Dam will conduct interviews with Nurse Unit Managers (NUM) in our facilities, however, the following condition in relation to my support will apply: No NUM is to participate in this research study unless they are willing to do so.

I wish Pieter the best for the successful completion of his project.

Susan Price
Executive Director of Nursing
Southern Tasmania Area Health Service

27 April 2011

Appendix 5: Support Letter -North

Tasmanian Health Organisation - North

PO Box 1963, LAUNCESTON TAS 7250, Australia
Ph: (03) 6348 7111 Fax: (03) 6348 7018
Web: www.dhhs.tas.gov.au

Tasmanian Government

Contact: Office of the CEO
Phone: (03) 63487043
E-mail: lgh.ceo@dhhs.tas.gov.au
Return Address: Charles Street Launceston TAS 7250

Attention: The Tasmanian Health and Medical Human Research Ethics Committee,

Subject: Support for Research

I hereby give my full support to Pieter Van Dam, doctoral candidate of the University Of Tasmania, School of Nursing and Midwifery to conduct a grounded theory qualitative study entitled: ***The role of naturalistic learning in the development of nursing leadership***

I am familiar with the intent of the project and I believe that the anticipated outcomes of this project will contribute to an enhanced understanding of leadership development. In addition, I am aware that Pieter Van Dam will conduct interviews with Nurse Unit Managers in our facilities.

I wish Pieter the best for the successful completion of his project.

Yours Sincerely,

John Kirwan
CEO, Tasmanian Health Organisation - North

Date: 30 August 2012

Appendix 6: Ethics Approval

Office of Research Services
University of Tasmania
Private Bag 1
Hobart Tasmania 7001
Telephone + 61 3 6226 7479
Facsimile + 61 3 6226 7148
Email Human.Ethics@utas.edu.au
www.research.utas.edu.au/human_ethics/

HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

UTAS

21 June 2011.

Prof Mary Fitzgerald
Professor of Nursing Practice Development
School of Nursing and Midwifery
University of Tasmania
Private Bag 121
Hobart Tasmania

Dear Prof Fitzgerald

REF NO: H11860
TITLE: The role of naturalistic learning in the development of nursing leadership

- *Participant Information Sheet (Revised)*
- *Consent form (Revised)*

The Tasmania Health and Medical Human Research Ethics Committee has considered the above documentation and it was subsequently approved by the Chair on **17 June 2011**

All committees operating under the Human Research Ethics Committee (Tasmania) Network are registered and required to comply with the *National Statement on the Ethical Conduct Human Research* (NHMRC 2007).

Therefore, the Chief Investigator's responsibility is to ensure that:

(1) The individual researcher's protocol complies with the HREC approved protocol.

(2) Modifications to the protocol do not proceed until **approval** is obtained in writing from the HREC.

(3) Section 5.5.3 of the National Statement states:

Researchers have a significant responsibility in monitoring approved research as they are in the best position to observe any adverse events or unexpected outcomes. They should report such events or outcomes promptly to the relevant institution/s and ethical review body/ies and take prompt steps to deal with any unexpected risks.

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The appropriate forms for reporting such events in relation to clinical and non-clinical trials and innovations can be located at the website below. All adverse events must be reported regardless of whether or not the event, in your opinion, is a direct effect of the therapeutic goods being tested. http://www.research.utas.edu.au/human_ethics/medical_forms.htm

(4) All research participants must be provided with the current Patient Information Sheet and Consent Form, unless otherwise approved by the Committee.

(5) The Committee is notified if any investigators are added to, or cease involvement with, the project.

(6) This study has approval for 4 years contingent upon annual review. A *Progress Report* is to be provided on the anniversary date of your approval. Your first report is due **17 June 2012.** You will be sent a courtesy reminder closer to this due date.

(7) A *Final Report* and a copy of the published material, either in full or abstract, must be provided at the end of the project.

Should you have any queries please do not hesitate to contact me on (03) 6226 1956.

Yours sincerely

Adele Kay
Health and Medical HREC Ethics Officer
On behalf of the Executive Officer
HREC (Tas) Network

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Appendix 7: Ethics Amendment Approval

Office of Research Services
University of Tasmania
Private Bag 1
Hobart Tasmania 7001
Telephone + 61 3 6226 7479
Facsimile + 61 3 6226 7148
Email Human.Ethics@utas.edu.au
www.research.utas.edu.au/human_ethics/

HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

UTAS

11 September 2012

Dr Mary FitzGerald
Menzies Research Institute Tasmania

Sent via email

Dear Dr FitzGerald

REF NO: **H0011860**
TITLE: **The role of naturalistic learning in the development of nursing leadership**

- *Increase to the number of participants (from 15 to 20) and area of recruitment (to include the Tasmanian Health Organisation- North)*
- *Letter of Support, John Kirwan Chief Executive Officer Tasmanian Health Organisation – North*

The Tasmanian Health and Medical Human Research Ethics Committee considered and approved the above amendment documentation on 7 September 2012 .

All committees operating under the Human Research Ethics Committee (Tasmania) Network are registered and required to comply with the *National Statement on Ethical Conduct in Human Research* (NHMRC 2007).

Should you have any queries please do not hesitate to contact me on (03) 6226 2764.

Yours sincerely

Lauren Townsend
Ethics Administrator
Office of Research Services
Tel: +61 (0)3 6226 2764
Email: Lauren.Townsend@utas.edu.au
University of Tasmania, Private Bag 01 Hobart Tas 7001

Appendix 8: Research Outputs

Paper

van Dam, P.J. (2013). Leadership development in healthcare: The role of clinical expertise, Arab Health Magazine, 1 (2), 34-36.

Conference Proceedings

Van Dam, P. J. (2014). *Responding to the Opportunities: A Grounded Theory of Leadership Development.* 3rd Asia-Pacific International Conference on Qualitative Research in Nursing, Midwifery and Health, 1 - 3 October 2014, Newcastle, New South Wales, pp. 81. [Conference Extract]

van Dam, P. J. (2012). *Developing as a Clinical Nurse Leader: A Grounded Theory study*. Leadership and Practice Development in Health: Quality and Safety through Workplace Learning, 29-30 November 2012, Hobart, Tasmania, pp. 20. [Conference Extract]

van Dam, P. J. (2012). *Learning and changing: Activating leadership development opportunities in practice.* Graduate Research - Sharing Excellence in Research Conference, 6-7 September 2012, University of Tasmania, Hobart, TAS, pp. 26. [Conference Extract]

van Dam, P. J. (2012). *Making Leadership Learning Visible: How Clinical Nurse Leaders learn to lead in practice.* 3rd ADMC Nursing Conference, 14-16 October 2012, Abu Dhabi National Exhibition Centre, United Arab Emirates, pp. 1. [Conference Extract]

van Dam, P. J. (2012). *Using a constructivist grounded theory approach to make leadership learning visible*. Graduate Research Symposium, 16-17 July 2012, Launceston, Tasmania, pp. 13. (2012) [Conference Extract]

van Dam, P. J. (2010). *Exploring the role of observational learning in the development of nursing leadership.* Collaborative Graduate Research Symposium, 21-22 October Launceston, Tasmania, pp. 26. [Conference Extract]

Appendix 9: International Conference Acceptances

Subject: Accepted Abstract- 3rd ADMC Nursing Conference
Date: Tue, 15 May 2012 15:22:14 +0400
From: Mariam.Oudah@informa.com
To: pbvandam_08@hotmail.comut

Dear Mr. Van Dam

Welcome on board on of the largest nursing conferences in the UAE! It's my pleasure to inform you that your abstract under the title **"Making Leadership Learning Visible: How Clinical Nurse Leaders learn to lead in practice"** has been accepted by the scientific committee to be included within the **3rd ADMC Nursing Conference** scheduled to take place between the **14th and 16th of October 2012**.

The topic **"Making Leadership Learning Visible: How Clinical Nurse Leaders learn to lead in practice"** has been included under the Leadership in Nursing Practice session in the conference agenda. It is scheduled as a **30 minutes** presentation including the Q & A on the October 16th 2012. An updated program agenda will be sent to you shortly.

As a speaker during Abu Dhabi Medical Congress, the Organising Committee will support your registration to the ADMC for 3 days (full access) to the Exhibition and Conference. Unfortunately, as an accepted speaker through the "Call-for-papers", accepted speakers are responsible for their own travel and accommodation as previously indicated in the "Call-for-papers" guidelines, this is mainly due to limitation in budgets.

It would be appreciated if you can send through a confirmation email that you will be available as a speaker during the 3rd ADMC Nursing conference in the upcoming Abu Dhabi Medical Congress

Thank you, and hope to hear from you soon

Best regards

Mariam Oudah

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Thu 2/10/2014 1:46 AM

To: Pieter Van Dam;

Dear Pieter,

Thank you for submitting a proposal to the upcoming International Studying Leadership Conference. We are happy to inform you that we have accepted your proposal, and we look forward to welcoming you to the conference in December.

We will post the program for the conference as soon as possible.

In the meantime, we would like to enlist your help in promoting high levels of dialogue and exchange building up to and during the conference. Towards this end, please make sure to follow up on this notice of acceptance by means of the following steps:

1. Acknowledge your participation by responding to this mail.

2. Register as soon as possible via the conference webpages (www.islc2014.cbs.dk) and check back there frequently for new information and updates.

3. Arrange accommodation and travel for yourself as soon as possible—there are helpful links on the conference webpages.

4. Finish your paper and send it to us early so that we can share it with the rest of the conference participants. Access to the conference papers beforehand will improve the quality of discussion and the quality of feedback you will receive.

5. Plan to make your presentation concise and open for questions and discussion. If we all get to the point quickly and minimize the number of power point slides we use, we will maximize the amount of productive dialogue we can have during the conference sessions.

6. Please remain open to the possibility of chairing one of our sessions. We will contact individual participants about helping out in this regard after we organize the many exciting papers we have accepted into panels.

Please feel free to get in touch with us if you have questions or concerns.

See you in December!

The 2014 ISLC Organizing Committee

Appendix 10: Sample of line-by-line coding of interview transcript

Transcript		Coding
Interviewer:	Okay. Do you have an example of that, what you have taken out of this and how you apply this now in work situation?	
Interviewee:	Yeah, I guess, so. Well, we had – there were four managers who came in and did like a panel thing. And they each talked about their experience of being a manager or a leader and one lady said, well she was dealing with staff, a staff situation and she just found she was bursting into tears all the time. And I thought, yeah, I can understand that, I've probably felt like that some days. So, yeah, and then the next fellow, he said, "well I tend to have a more hands-off approach and I let my staff do the work and try and keep out of the way**". So, I suppose then, from those two people I probably picked up that that's probably not how I manage and not how I want to be a leader**. Like, I don't really want to be a hands off – I want to be involved. I want to be part of a team and I want them – I want the staff to see me as part of their team.	Sharing of experiences Staff issues Being emotional Having a connection Hands-off approach Providing freedom Learning from others Noticing negative experiences Want to be involved Want to be part of the team
Interviewer:	Yes.	
Interviewee:	And likewise, I need to learn, you know, when I heard that lady say she got upset and cried about the situation, I thought, well, you know, I do sometimes get over-emotional over things. Not, that I cry, but I may be – you know, I might say something that I didn't mean to say at the time and I did pick that from that and I thought that's a situation I really need to work on. I need to learn that I need to keep my mouth shut sometimes and just listen. So yeah, so since then I have actually adopted that in my work	Expressing emotions Saying things that did not meant to say Recognising own behaviour Taking action

	and I think, yeah, in my interactions, tried to remain no emotionless but **tried to keep my emotions down a bit.**	Adopting learning Trying to keep emotions down
Interviewer:	Great. Is there anything else education-wise that you think would have helped you?	
Interviewee:	Well, I've actually been on going with the course, like there were certain aspects like shadowing and coaching and all that that I've used which have been really helpful. Your peers experiences and that's invaluable, really. Learning from what they've done.	Shadowing Coaching Peers experience Learning from others
Interviewer:	Is there anything standing out from that you can recall?	
Interviewee:	Yeah, there was one fellow who runs a unit up in Launceston, and he started to develop better relationships with his staff and he would actually – he wanted to develop some KPIs for his unit. So he got a group of his staff together and they actually discussed it and debated it and had like a – almost a big working group, and I liked that idea. I thought that's something **I'd like to take on for here**. I haven't yet, but it's definitely something I will take on when we are trying to develop our KPIs and things like that, I'll use that – that style, because that seemed to work really well for him and he got instant buy-in from everyone because they were all involved in the process. So, yeah, I learned that. Yeah, that's definitely something I'll use in the future.	Building relationships Setting up a working group /staff relationships Taking it on/putting it in action Instant buy-in Everybody being involved in the process **Learning**